EndoCare Diagnostics ltd

EndoCare Community Diagnostic Centre

Inspection report

Parkway 4
Parkway Business Centre, Princess Road
Manchester
M14 7HR
Tel: 01612432100
www.endocare-diagnostics.co.uk

Date of inspection visit: 16 May 2023 to 17 May 2023
Date of publication: 27/06/2023

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?	Requires Improvement

Summary of findings

Overall summary

This is the first time we have rated this service. We rated it as good overall 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. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not have an effective process for carrying out checks on company directors, in line with regulatory requirements for fit and proper persons; directors.
- Leaders did not always carry out relevant checks for employed or contracted staff as part of their recruitment processes.
- The number of patients that did not attend endoscopy appointments was worse than the national standard.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	The main service provided at this location was diagnostic and screening procedures. We rated this service as good overall. We rated safe, caring, and responsive as good. and well-led as requires improvement. We inspect but do not rate effective for diagnostic and screening services.

Summary of findings

Contents

Summary of this inspection

Page

Background to EndoCare Community Diagnostic Centre 5

Information about EndoCare Community Diagnostic Centre 5

Our findings from this inspection

Overview of ratings 7

Our findings by main service 8

Summary of this inspection

Background to EndoCare Community Diagnostic Centre

EndoCare Community Diagnostic Centre provides day case endoscopy services for NHS patients over 18 years of age. The service is located in Manchester and has been registered with CQC since 28 September 2021.

The service is an out-patient independent single specialty provider of endoscopy; including diagnostic tests such as: Gastroscopy, Colonoscopy, Flexible Sigmoidoscopy. The service provides a 7-day service, provided by endoscopists, endoscopy nurses,

The diagnostic and treatment area consists of the decontamination areas, three procedure rooms, two patient preparation rooms, a waiting area and two separate recovery areas: one with four beds and the other with five beds.

All patients undergoing endoscopy procedures were referred to the service by two local NHS trusts under contractual arrangements. During January 2022 and March 2023, the service had undertaken 2,008 endoscopy procedures.

The service also provides recruitment agency services and supplies temporary staff to NHS acute and community providers across Yorkshire and the North West. We did not inspect these services as they do not form part of regulated activities.

This is the first time we have inspected and rated the service. The service is registered to provide the regulated activity of diagnostic and screening procedures. The service has had a registered manager in post since its initial registration in September 2021.

The service also provides in-reach endoscopy staffing services to NHS acute trusts across the North West. We did not inspect these services as they do not form part of the regulated activities for this location.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The inspection was unannounced. We carried out the on-site inspection on 16 and 17 May 2023.

During the inspection visit, the inspection team:

- Inspected the endoscopy treatment rooms, decontamination areas, patient waiting areas and the patient preparation and recovery areas.
- Spoke with 10 staff: including the business manager, two nurses, one administrative staff, three company directors (also consultant gastroenterologists), the head of compliance and resilience, the head of nursing and quality assurance and the head of IT and analytics.
- Looked at the training and recruitment files for 2 core staff and 4 contracted staff.
- Spoke with 5 endoscopy patients.
- Looked at 9 patient records.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

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

Summary of this inspection

Outstanding practice

We did not identify any areas of outstanding practice as part of this inspection.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The provider must take appropriate actions to implement effective recruitment processes in line with the requirements for fit and proper persons: directors. This includes checks to confirm the person's history relating to financial and management conduct and to confirm the person is of good character. (Regulation 5(a)(d)).
- The provider must take appropriate actions to implement effective recruitment processes in line with the requirements for fit and proper persons: employed. (Regulation 19(1)(2)).

Action the service SHOULD take to improve:

- The service should take actions to reduce the number of patients that did not attend endoscopy appointments. Regulation 12(1).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Overall	Good	Inspected but not rated	Good	Good	Requires Improvement	Good

Good

Diagnostic and screening services

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

Is the service safe?

Good

This is the first time we have rated this service. We rated safe as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. The service had a mandatory training schedule which detailed the requirements for mandatory training for clinical and non-clinical staff.

Mandatory training covered key topics such as health and safety, fire awareness, information governance, mental capacity, infection prevention and control, equality and diversity, manual handling and adult and children's safeguarding training. Staff also completed learning disability awareness and autism awareness training as part of their mandatory training.

Mandatory training for core staff was delivered through e-learning modules and updated yearly or up to three years, depending on the training topic. The contracted surgical staff completed mandatory training in their substantive NHS roles and provided evidence of mandatory training completion on an annual basis.

Mandatory training certificates for core and contracted staff were kept in individual staff files and maintained by the administrative staff. Managers monitored mandatory training through the use of a training matrix and alerted staff when they needed to update their training.

We looked at the training matrix and sampled 6 individual staff files during the inspection. These showed mandatory training compliance was 91% for core staff and 74% for contracted staff across the service. This showed most staff had completed their mandatory training and the provider's the provider's target for mandatory compliance of at least 70% had been achieved.

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.

The service had a safeguarding policy, which provided guidance for staff on how to identify and report any safeguarding concerns. The policy included instructions for staff for making referrals to external agencies, such as the local authority safeguarding team and the referring NHS trust.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The head of nursing and quality assurance was the safeguarding lead for the service and had completed children and adults safeguarding training (level 3). The head of nursing and quality assurance was responsible for the review, investigation and external referral for any safeguarding concerns that had been raised by staff.

Staff involved in the endoscopy services had completed training specific for their role on how to recognise and report abuse. The service did not provide any care and treatment for patients under 18 years of age. However, staff were required to complete safeguarding training for adults and children. Records showed 100% of eligible core staff and 77% of contracted nursing and medical staff had completed at least level 2 adult safeguarding training and at least level 1 safeguarding children training. The training was in line with current intercollegiate guidance for adults and children.

The safeguarding training also included prevent (counter-terrorism strategy) training.

The service had not reported any safeguarding concerns relating to the endoscopy services in the past 12 months.

Staff told us that any reported safeguarding incidents would be discussed as part of routine clinical governance meetings and senior management team meetings to identify trends and look for improvements to the services.

Cleanliness, infection control and hygiene

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

The service had an infection prevention and control policy which provided guidance for staff. All the staff involved in endoscopy services had completed mandatory infection prevention and control training. The head of nursing and quality assurance was the infection control lead for the service.

The service had not reported any healthcare-acquired infections or outbreaks during the past 12 months. Staff worked effectively to prevent, identify and treat surgical site infections. There had been no reported surgical site infections during the past 12 months in relation to the endoscopy services.

The endoscopy treatment rooms, recovery areas and waiting areas were visibly clean and well-maintained to a good standard. Cleaning schedules and daily checklists were in place and up to date. Staff cleaned equipment after patient contact using alcohol wipes and chlorine-based disinfectant. Patients with known infection risks were scheduled at the end of the endoscopy list and the treatment room underwent a full deep clean after use to minimise the risk of spread of infection.

Staff followed infection control principles including the use of personal protective equipment (PPE). Items such as masks, gloves and aprons, were readily available across all the areas we inspected. Clean linen was appropriately stored and segregated in dedicated cabinets. There were enough hand wash sinks and hand gels. Staff we saw were compliant with hand hygiene and 'bare below the elbow' guidance.

Staff followed best practice in the management and decontamination of endoscopes in line with Health Technical Memorandum 01-06: Decontamination of flexible endoscopes (2016). The service had separate clean and dirty rooms

and there was a clear flow of dirty to clean instrumentation within the decontamination areas. Staff used an electronic system to record information relating to the patient and the corresponding scope to ensure appropriate tracking and traceability was in place. Tracking and traceability records with bar codes and labels were also placed in each patient record. Dirty and clean endoscopes were transferred using clearly labelled containers.

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. Staff also carried out protein residue swabs and daily disinfectant pump checks.

Swab and water samples were sent to an external laboratory service for testing. The decontamination staff told us they received laboratory test results promptly to minimise delays. Decontamination staff also carried out checks of services such as the domestic water services including temperature and legionella checks and hot water tank checks.

Medical devices and test reports were validated by an independent authorising advisor (engineer) in decontamination. The external decontamination advisor also provided guidance and support and carried out annual audits to check staff compliance against national guidance (such as HTM 01-06: decontamination of endoscopes). The most recent audit was carried out in January 2023 and the service was rated as green (compliant) with all applicable standards.

The provider had an arrangement with an external organisation to conduct a complete audit of infection prevention and control processes on an annual basis. The annual external infection control audit for the current year was underway at the time of our inspection. The previous annual audit was completed in May 2022 and showed the service achieved overall compliance of 95%, demonstrating staff had a good understanding of infection prevention and control processes. The audit showed the service achieved 100% compliance in areas such as cleanliness of the environment and equipment and hand hygiene.

The annual audit identified areas for improvement relating to labelling of clinical waste bags, governance and risk arrangements for the management of sharps and in relation to the segregation of linen. We found the service had implemented improvements to address the audit findings during our inspection.

Staff also carried out routine infection control audits at least monthly to monitor staff hand hygiene and PPE / bear below the elbow compliance. The audit was based on observing staff practice. We looked at a sample of recent audit records and these showed staff achieved 100% compliance in hand hygiene and PPE compliance.

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 endoscopy treatment rooms, recovery areas and waiting areas were well maintained, free from clutter and provided a suitable environment for treating patients. There was secure access to clinical areas.

All the equipment we saw (such as endoscopy stack systems and decontamination equipment) were clean, well maintained and were within the service and calibration due dates. Equipment such as trolleys and stands were visibly clean and staff used disinfectant wipes to clean and decontaminate equipment surfaces.

There was a planned maintenance schedule in place that listed when equipment was due for servicing. Equipment servicing was carried out by external contractors (such as the equipment manufacturers) and this was overseen by the head of compliance and resilience.

The service had enough suitable equipment to help them safely care for patients. Staff told us equipment needed for care and treatment was readily available and any faulty equipment could be replaced promptly.

Single-use, sterile instruments and consumable items were stored appropriately and were within their expiry dates. Staff handled, stored and disposed clinical waste (and sharps) safely.

Staff carried out daily safety checks of specialist equipment. Emergency resuscitation equipment was available in all the areas we inspected and this was checked by staff. We saw that daily and weekly equipment check logs were complete and up to date in the areas we inspected. All the emergency resuscitation trolleys we saw were tagged to minimise the risk that items could be tampered with.

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.

The service had an inclusion and exclusion criteria that identified patients that could or could not be admitted for treatment. The service only accepted patients over 18 years of age. Patients with complex health needs were excluded for treatment, such as patients unable to provide consent, patients that required hoists, patients with implants (such as a pacemaker), Barrett's oesophagus, patients with large colonic polyps (over 2cm) and patients at risk of bleeding (such as those with haemophilia or history of GI bleeds).

Patients had an initial assessment from the referring NHS trust to determine whether they were suitable for endoscopy procedures with this service. Patients suitable for treatment were referred to the service and staff carried out a patient assessment on the day of the procedure to confirm the patient was eligible for treatment.

Patients that were accepted for treatment were generally fit and healthy with a low risk of developing complications during or after endoscopy procedures. Patients with underlying health conditions or higher dependency were considered unsuitable for treatment and returned back to the referring NHS trust.

Staff completed risk assessments for each patient on the day of the procedure, using a recognised tool, and reviewed this regularly, including after any incident. Patient records included risk assessments such as for pressure ulcers, mobility risks, risk of falls and infection control risks (including HIV, CJD and hepatitis). Staff told us they screened patients for suspected sepsis and utilised the sepsis six care bundle if required.

Staff knew about and dealt with any specific risk issues. The initial assessment reviewed patient's medical history and current patient medicines to identify patients at high risk of complications. Patients taking certain medicines (such as blood thinners or diabetes) were given advice on when to stop taking them prior to their procedure and staff carried out blood level and blood sugar tests carried on the day of the procedure to minimise the risk of complications.

Where patients needed sedation, they were provided with suitable information prior to their procedure and the risks and benefits were explained as part of the consent process. Staff completed risk assessments to ensure patients were suitable to undergo sedation with consideration to patient age (e.g. if above 70 years) and existing comorbidities.

Staff completed *STOP-Bang* questionnaire to screen patients for obstructive sleep apnoea risks. Staff utilised the post-procedure Ramsay sedation scale to assess patients as part of the recovery process. Staff told us they ensured patients had suitable arrangements in place for pick up or travel home after their procedure if they had undergone sedation.

Good

Diagnostic and screening services

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff used national early warning score systems (NEWS2) and carried out routine monitoring based on patients' individual needs to ensure any changes to their medical condition could be promptly identified.

We looked at 9 patient records and these showed risk assessments were completed and updated regularly and patient observations were complete and well documented.

Staff carried out daily huddle meetings before and after endoscopy lists to ensure all staff had up-to-date information about risks and concerns.

Staff used modified safety checklists, based on World Health Organisation guidance. These included 'stop the clock' instructions for staff to pause the procedure if any untoward incidents occur (such as patient distress or deterioration) in order to minimise patient safety risks.

We were not able to observe staff undertaking the safety checklists because there were no procedures scheduled on the day of our inspection. We looked at the records for 9 patients who had undergone endoscopy procedures and these showed safety checklists were completed correctly. Safety checklists were reviewed as part of routine patient record audits to check for completeness and accuracy. The head of nursing and quality assurance also told us they carried out informal supervision observations to observe staff practice during endoscopy procedures and had not identified any concerns around staff practice.

The service had an arrangement with a local acute NHS hospital so patients whose health deteriorated during or after endoscopy procedures could be promptly transferred if needed. There had been no instances where a patient's health deteriorated and required urgent transfer to hospital between January 2022 and May 2023.

The consultants and the clinical staff were trained to a minimum of basic life support (BLS) training. A number of consultants were training in advanced life support and there was at least one person on site with advanced life support training at all times during endoscopy lists, in line with Resuscitation Council UK guidelines.

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.

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses and support staff needed for each shift in accordance with national guidance.

The service only carried out planned day case endoscopy procedures and this allowed the managers to plan staffing requirements and staff rotas in advance.

The head of nursing and quality assurance was responsible for the day to day management of endoscopy nursing and decontamination staff. The endoscopy staff worked for the service on a contractual basis and consisted of staff that had substantive employment within the NHS.

Good

Diagnostic and screening services

The service had used 44 contracted nurses and four decontamination staff since January 2022. The directors and the head of nursing and quality assurance told us they did not have any staff vacancies. The service did not use bank or agency staff and cover for staff sickness or leave was managed through the existing pool of core staff and contracted theatre staff.

The core staff consisted of the management team, including the head of nursing and quality assurance, head of compliance and resilience and the head of IT and analytics. The service also had 2 administrative support staff and a business coordinator that were employed by the service and were overseen by the business manager.

Medical staffing

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

The service had enough medical staff to keep patients safe. The directors told us they had sufficient numbers of suitably qualified medial staff to provide timely and safe care and treatment.

All endoscopy procedures were carried out by a team of consultant gastroenterologists. One of the service directors was responsible for planning consultant schedules and rotas. Patient appointments were planned in advance so staff could be made available to undertake procedures.

The service had used 18 contracted consultant gastroenterologists since January 2022. All these consultants also worked substantively in the NHS and worked for the service on a contractual basis.

The consultants were responsible for their individual patients during their day case admission and staff told us they could be easily contacted when needed.

The directors told us patient procedures would be deferred or cancelled if any medical staff were unavailable due to leave or sickness. There had been no instances where patient procedures had been cancelled due to staff unavailability in the past 12 months.

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. Records were stored securely. Staff used electronic and paper-based patient records for recording endoscopy diagnostic results, decontamination traceability records, patient risk assessments, consent, discharges, care plans, patient assessments and for medical and nursing notes. Patient records were transferred securely and there were no delays in staff accessing their records.

We looked at the records for 9 patients. These were structured, legible, complete and up to date. Patient records showed that nursing and clinical assessments were carried out before; during and after endoscopy procedures and that these were documented correctly. Patient risk assessments were complete and updated on a regular basis. Staff interventions were recorded in daily notes and these were up to date.

Good

Diagnostic and screening services

The head of nursing and quality assurance carried out routine audit of patient records to check for accuracy and completeness. The audit consisted of a sample of 5 patient records per month during periods of patient activity. The service reported 100% had been achieved, indicating high levels of compliance for accuracy and completeness of patient records.

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.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored and managed all medicines and prescribing documents safely and securely, in line with the provider's medicines management policies.

Staff carried out daily checks on controlled drugs and routine medicine stocks (including fluid bags) to ensure that medicines were reconciled correctly. We looked at a sample of controlled drugs and found the stock levels were correct, and the controlled drug registers were completed correctly. The hospital director was the controlled drugs accountable officer for the service.

We saw that medicines that required storage at temperatures between 2ºC and 8ºC were appropriately stored in medicine fridges. Fridge temperature logs showed that these were checked daily and the medicines we checked were stored at the correct temperatures. Log sheets also showed that staff monitored the temperature of the treatment rooms on a daily basis.

The hospital used paper-based prescribing and medicines administration records. The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Staff completed medicines records accurately and kept them up-to-date. We looked at the medicine administration records and discharge medicine records for 9 patients and saw these were complete and up to date. Information such as patient allergy status was clearly documented.

Medical gases were appropriately and securely stored in each area we inspected. The medicine records also showed patients who required oxygen or Entonox treatment had these prescribed and this was appropriately documented.

The senior managers told us patients that required sedation received minimal sedation with a low titrated dose (1mg) of Midazolam. Patients' vital observations were monitored before, during and after the endoscopy procedure and there were processes in place for the use of sedative reversal medicines and oxygen if required in case of an emergency.

The service had an arrangement with an external pharmacy for the supply of medicines. Staff carried out routine monthly audits to check stock reconciliation and expiry dates. The senior nurses also carried out weekly checks on controlled drugs and routine medicines storage arrangements. We looked at sample of recent audits from November 2022 to March 2023 and these showed high levels of staff compliance.

Good

Diagnostic and screening services

Incidents

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

Staff raised concerns and reported incidents and near misses in line with the provider's accident and incident reporting policy and procedure. Staff knew what incidents to report and how to report them. All incidents, accidents and near misses were logged on an electronic incident reporting system. Incidents were reviewed and investigated by staff with the appropriate level of seniority, such as the head of nursing and quality assurance.

There had been no patient deaths, never events or serious incidents reported by the service during the past 12 months.

A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

The service had reported 21 incidents between January 2022 and May 2023. All incidents were graded as low or no patient harm.

The most frequent reasons for incidents were for medical device / equipment failures (3 incidents) and incidents related to the treatment or procedure (3 incidents). We saw evidence incident records were completed appropriately and remedial actions had been put in place to minimise the risk of reoccurrence.

Staff received feedback from investigation of incidents, both internal and external to the service. The senior managers told us any reported incidents would be reviewed and discussed at daily huddles, routine clinical governance meetings and senior management meetings so shared learning could take place. We saw evidence of this in the meeting minutes we looked at.

The staff we spoke with were aware of their responsibilities regarding duty of candour legislation. There had been no incidents reported by the service that met the threshold for implementing the duty of candour.

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.

The senior managers were aware of their responsibility to report notifiable incidents to the Care Quality Commission (CQC) and other external organisations. There was a system in place to ensure safety alerts relating to patient safety, medicines and medical devices were cascaded to staff and responded to in a timely manner.

Good

Diagnostic and screening services

Is the service effective?

Inspected but not rated

We inspect but do not rate effective for diagnostic and screening 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. Guidance from the *British Society of Gastroenterology, the* National Institute of Health and Care Excellence and Royal Colleges underpinned policies and standard operating procedures.

The service had implemented the joint advisory group on gastrointestinal endoscopy (JAG) standards and was in the process of obtaining JAG accreditation. Senior managers told us the delay in attaining accreditation had been due to limited patient activity.

The service followed the guidance outlined in the management and decontamination of flexible endoscopes HTM 01 06 and Health Technical Memorandum 01-01 decontamination of surgical instruments (medical devices).

Staff followed Academy of Medical Royal Colleges (AOMRC) guideline on *safe sedation* practice for healthcare procedures (2021) for patients that required sedation.

The service carried out annual clinical audit of sedation and analgesia processes and an annual audit of patient comfort scores to monitor the effectiveness of sedation procedures, in line with AOMRC guidelines.

The national early warning system was used to assess and respond to any change in a patient's condition, in-line with NICE guidance CG50. The service used care pathways that had been developed to meet best practice guidelines which staff followed to ensure patients received safe care and treatment.

Changes to clinical practice, national guidance and policies were reviewed and developed through routine clinical governance board meetings and shared with staff.

Policies and procedures reflected current guidelines and staff told us they were easily accessible in electronic and paper format. We looked at a selection of the policies, procedures and care pathways and these were up to date and based on current national guidelines.

Nutrition and hydration

Staff gave patients food and drink when needed. Staff followed national guidelines to make sure patients fasting before their procedure were not without food for long periods.

Patients were given advice on starve times if required for their procedure. Staff gave patients snacks and refreshments after their procedure when it was safe to do so.

Patients who had received local anaesthetic throat spray were provided with advice and guidance on when it would be safe for them to eat and drink following 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 used the modified Gloucester Scale to monitor patient comfort scores, in line with JAG guidelines.

Patient records showed that patients received the required pain relief and they were treated in a way that met their needs and reduced discomfort.

Patients were given verbal and written information to take home which provided information on how to manage pain symptoms following discharge from the service.

Staff prescribed, administered and recorded pain relief accurately. The patients we spoke with told us they received good support from staff and their pain symptoms were appropriately managed during and after their procedure.

The service carried out an annual audit of patient comfort scores. The patient comfort score review into patients classified as experiencing "non-tolerable" pain (2022) reviewed comfort score outcomes for 1,646 patient contacts and found 98% of patient contacts were classified with a comfort experience of tolerable. There was an action plan in place to improve compliance. This included providing further training and awareness for staff around the stop the clock process and to discuss and review individual consultant practices, as well as additional post-procedure nursing assessments for patients identified as having experienced a non-tolerable pain experience.

Patient outcomes

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

The service participated in relevant national clinical audits. Patient outcomes were measured through the use of the Global Rating Scale (GRS), in line with Joint Advisory Group (JAG) guidelines. The purpose of GRS was to improve the quality of patient care across a range of measures based on clinical quality and patient experience.

Managers monitored the effectiveness of care and treatment and used findings to improve them. Outcomes data for individual gastroenterologists was submitted to the national endoscopy database (NED) and this was reviewed at routine clinical governance board meetings.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Records for the period between September 2022 and May 2023 showed most individual gastroenterologists achieved or exceeded expected standards, such as for polyp detection rate, polyp retrieval rate, caecal intubation rate, sedation age, analgesia age, withdrawal times (colonoscopy) and bowel preparation quality.

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. However, contracted staff did not always have up to date completed appraisal records.

Managers gave all new staff a full induction tailored to their role before they started work. Newly appointed staff underwent competency assessment following the commencement of employment.

Staff told us they received appraisals every six months. Records showed 100% of eligible core staff had completed their appraisals during the current year. We also looked at staff files for four core staff and found completed appraisal records in each file.

The directors told us all they only recruited contracted staff that had substantive roles within the NHS. Consultants working under practicing privileges and nurses working under individual contracts were required to submit evidence of their clinical appraisal from their substantive NHS employer and this was reviewed as part of the practicing privileges process.

We looked at the recruitment files for four contracted consultants and found evidence of appraisal in only one of these files. The senior managers and directors told us they had identified gaps in contracted staff recruitment files and were currently in the process of reviewing all recruitment records.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The staff records we looked at showed that formal qualifications, training and competencies for contracted nursing staff and consultants had been assessed as part of the initial recruitment process and these were updated on a routine basis. Records showed eligible staff were up to date with their *Nursing* and *Midwifery Council (NMC) and* General Medical Council (GMC) revalidation dates.

Managers made sure staff received any specialist training for their role. Staff involved in the decontamination of endoscopes had undertaken specific competency based training in relation to their role, including training to use specific equipment such as washer disinfectors and drying cabinets. We looked at the training records for two decontamination staff and found these were up to date and included training certificates and competency assessments.

A senior nurse with responsibility for training had also developed additional competency frameworks for healthcare assistants and nurses in relation to endoscopy processes, decontamination procedures and for undertaking patient observations including early warning scores. We saw evidence of these in two staff files we looked at.

Staff were positive about on-the-job learning and development opportunities and told us they were supported well by their managers.

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. The senior managers held daily discussions and weekly senior management team meetings to review and plan the delivery of services. Staff carried out daily huddle meetings before and after endoscopy lists to ensure all staff had up-to-date information about risks and concerns.

Staff told us there was effective team working between nurses, consultants and non-clinical staff to plan and deliver patient care and treatment. The patient records we looked at showed there was routine input from nursing and medical staff.

Good

Diagnostic and screening services

Staff worked across health care disciplines and with other agencies when required to care for patients. The service had commissioning contracts in place and provided day case endoscopy procedures for NHS patients that were referred from two NHS acute trusts across the North West region. There were routine meetings involving representatives from the service and the referring NHS trusts organisations to plan and monitor the delivery services.

The service also had service level agreements with a number of external service providers for the provision of services such as laboratory (microbiology) support, domestic services, equipment maintenance and equipment sterilisation.

Seven-day services

Key services were available to support timely patient care.

The service operated seven days per week but only carried out endoscopy lists between 8am and 8pm during weekdays. All endoscopy procedures were carried out as day cases with no overnight stays.

Patients were provided with an emergency contact number so they could contact the service at any time in case of a medical emergency or complication following discharge.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

The service had relevant information promoting healthy lifestyles and support in information leaflets given to patients prior to their admission. This included information on conditions such as acid reflux and oesophagitis (inflammation of the oesophagus).

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff told us they routinely discussed health promotion and lifestyle choices with patients as these could impact on their ability to receive treatment at the service. For example, patients identified as being overweight or patients that were smokers were given advice and support, including on how to refer or access external NHS services.

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We looked at 9 records for patients that had undergone endoscopy procedures. These showed that written and verbal consent had been obtained from patients and that planned care was delivered with their agreement. Consent forms had been signed by patients and showed the risks and benefits were discussed with the patient prior to carrying out surgical procedures.

Patients undergoing endoscopy procedures were referred to the service by external NHS organisations under service level agreements. Services were only available to patients over 18 years of age. Patients that were unable to give consent or had certain conditions, such as dementia or mental ill health were excluded for treatment at the service.

Good

Diagnostic and screening services

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The core and contracted staff received training in mental capacity awareness and Deprivation of Liberty Safeguards.

The service reported there had not been any instances in the past 12 months where a patient that lacked capacity had been referred to the service or a Deprivation of Liberty Safeguards application had been made.

The senior managers told us if a patient that lacked capacity to make their own decisions (such as those living with a learning disability) was referred to the service, they would carry out a best-interests assessment to determine if they could admit the patient and provide safe care and treatment.

Is the service caring?

Good

This is the first time we have rated this service. We rated caring as good.

Compassionate care

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

The staff we spoke with were caring and compassionate and were committed to providing good patient care. Staff told us they treated patients with respect and were able to explain how they maintained patient's privacy and dignity during endoscopy procedures. They told us they took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We spoke with 5 patients by telephone during the inspection. They all told us they thought staff were friendly and caring and gave us positive feedback about ways in which staff showed them respect and ensured that their dignity was maintained. The comments received included: "staff provided good service and were really helpful", "staff were friendly and caring" and "couldn't fault the service provided by staff".

Staff sought feedback from patients about the quality of the service provided through feedback surveys that were given to patients after they had undergone care and treatment. Feedback was collated and reviewed to identify improvements to the services provided. The survey results for the period between January 2022 and March 2022 were based on 671 completed patient responses and showed patients were very positive about their experience in using the service.

The survey response showed 100% of patients rated the quality of care as good or excellent, 99% of patients stated they were treated with dignity and respect, 95% of patients were involved in decision-making all the time and 97% of patients stated they had confidence and trust in the doctor.

Emotional support

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

Good

Diagnostic and screening services

Staff told us they gave patients and those close to them help, emotional support and advice when they needed it. 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 supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patients told us they were supported with their emotional needs and were able to voice any concerns or anxieties. One patient told us they were nervous and a member of staff held their hand to help them relax. Another patient told us the staff were calm and reassuring and helped them to relax during their procedure.

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 also supported patients to make informed decisions about their care.

The patients we spoke with told us they were kept informed about their treatment and staff were clear at explaining their treatment to them in a way they could understand. They told us the risks and benefits of their procedure were clearly explained to them so they could make an informed decision.

Patients gave positive feedback about the service. They also spoke positively about the verbal information and support they received from staff before, during and after their procedure.

Is the service responsive?

Good

This is the first time we have rated this service. We rated responsive as good.

Service delivery to meet the needs of local people

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

The service planned and provided services in a way that met the needs of local people. The service provided a range of elective day case endoscopy procedures, including gastroscopy, colonoscopy and flexible sigmoidoscopy.

The surgical services were only available for NHS patients over 18 years of age. The service had an inclusion and exclusion criteria and patients admitted for treatment were generally healthy and considered to have a low risk of developing complications during treatment. Patients could be admitted for day case endoscopy procedures under analgesia or sedation.

All patients undergoing endoscopy procedures were referred to the service by two external NHS trusts under service level agreements. The referral requests were booked in advance and this allowed staff to plan and deliver the endoscopy procedures before patients attended their appointment, so they did not experience delays in their treatment when admitted to the service.

The referring NHS trust carried out the initial patient consultation and referred the patient for treatment with the service if they met the inclusion / exclusion criteria. The initial referral request included information such as patient details, medical condition and type of endoscopy procedure required.

Patients had a pre-operative assessment on the day of the procedure to determine whether they were suitable for treatment.

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach. Patients were cared for in individual rooms and there had been no same-sex accommodation breaches reported during the past 12 months.

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.

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets were given to patients prior to undergoing treatment. Information leaflets in different languages or other formats (such as braille, large print or 'easy read' format) could be printed upon request.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed and staff knew how to access them.

The initial referral and pre-operative assessments identified patients living with dementia or a learning disability and this allowed the staff to determine whether they were suitable for treatment by the service. Staff also completed learning disability awareness and autism awareness training as part of their mandatory training.

Patients with certain conditions were excluded from undergoing treatment at the service. For example, patients with complex pre-existing medical conditions or patients unable to give consent (such as those with dementia). Patients that did not meet the inclusion criteria were referred back to the NHS trust that made the initial referral.

The service took account of patients' individual needs. Patients were offered services that were tailored to their needs in line with National Institute for Health and Care Excellence (NICE) QS15 Statement 9. Patients that were living with diabetic conditions were offered the first appointment in the morning, to reduce any impact fasting may have on their blood sugar control.

Staff received equality and diversity training as part of their mandatory training. The service had specialist equipment in place to provide care and treatment for obese (bariatric) patients. Staff also told us they allowed patients' relatives or carers to accompany patients if this was seen to be in their best interest.

The service had a dedicated consultation room that could be used to break bad news to patients in a private and confidential manner.

The services were accessible for patients with a wheelchair. However patients with complex mobility needs requiring hoist support were excluded from using the service.

Good

Diagnostic and screening services

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards. However, the proportion of patients that did not attend appointments was higher than national standards.

Managers monitored waiting times and made sure patients could access services when needed. The service provided day case endoscopy services for NHS patients already on the referral to treatment waiting lists, under commissioning arrangements with two local NHS acute trusts.

All patients referred to the service between January 2022 and May 2023 had undergone treatment within 14 days (for urgent referrals) and within six weeks for routine diagnostic endoscopy referrals.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients referred to the service underwent their treatment promptly. The senior managers told us most patients were scheduled for endoscopy procedures within a few days of the referral and we saw evidence of this in the patient records we looked at.

Patient admissions were staggered throughout the day so that patients did not have to wait for an extended period of time once admitted. The patients we spoke with told us they had not experienced any delays on the day of their procedure and had been promptly admitted and discharged on the day of their procedure.

All patients attended the service for day case endoscopy procedures and were discharged within two to four hours of their procedure. Patients requiring further treatment or inpatient admission were transferred out.

Managers and staff worked to make sure that they started discharge planning as early as possible. Patient records showed staff had completed a discharge checklist, to ensure patients had been given appropriate post-discharge information and were suitable for discharge. Discharge summary reports containing the endoscopy diagnostic reports were sent to the patient, the referring NHS organisation or the patient's general practitioner (GP).

Discharged patients were also provided with information and emergency contact numbers in case they had any problems or complications after their treatment or procedure.

Managers worked to keep the number of cancelled operations to a minimum. When patients had their operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Patients appointments were initially booked by the referring NHS trust. Patients referred to the service were contacted by staff by telephone prior to their appointment to confirm the appointment and to provide information travelling and parking arrangements and to confirm bowel prep requirements and fasting protocols if required for the procedure.

There had been 111 appointments cancelled in the previous 12 months and the majority of these were for clinical reasons. 34% of cancellations (38 patients) were attributed to the service. The main reasons were due to patient not meeting criteria, poor preparation or Incorrect procedure booked. 66% of cancellations (73 patients) were attributed to patients. The most frequent reasons were due to patient being unwell, no bowel prep received and patient unaware of appointment.

Good

Diagnostic and screening services

There had been 82 instances where patients did not attend (DNA) their appointment in the previous 12 months. This accounted for 8.5% of all patients seen during this period and was higher than the national standard of 5% or below. The senior managers told us they were reviewing ways to improve patient communication prior to their appointment in order to reduce DNA rates.

The senior managers told us they would report any patients that did not attend their appointment to the referring NHS trust, who would contact the patient and submit a new patient referral request if a rebooking was required.

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.

Patients, relatives and carers knew how to complain or raise concerns. The patients we spoke with told us they had been given information leaflets detailing how to complain or raise concerns prior to undertaking endoscopy procedures.

The provider had a complaints policy which provided guidance on how to manage and respond to complaints about the service. Staff understood the policy on complaints and knew how to handle them.

The complaints policy stated that patient complaints would be acknowledged within three days and responded to within 35 days. The senior managers told us they would send holding letters to patients if a complaint required further investigation and could not be responded to within the timelines specified in the complaints policy.

Where patients were not satisfied with the response to their complaint, they were given information on how to escalate their concerns within the service or to external organisations such as the referring NHS trust or the Parliamentary and Health Service Ombudsman.

The service had not received any formal or informal complaints relating to endoscopy procedures during the past 12 months. The senior managers told us that information about complaints would be discussed as part of routine team meetings, senior management meetings and clinical governance board meetings to identify trends and look for improvements to the services.

Is the service well-led?

Requires Improvement

This is the first time we have rated this service. We rated well-led as requires improvement.

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 overall lead for the service was the registered manager, who was also a company director for the service. The provider had three additional company directors, who each held individual responsibilities relating to financial management, management of clinical activities and for the general administration and management of the services. All four directors were also gastroenterologists and were involved in clinical activities.

Good

Diagnostic and screening services

The directors were supported by the head of compliance and resilience, the head of nursing and quality assurance and the head of IT and analytics. The service also had appointed additional individuals with lead roles in areas such as infection prevention and control, clinical governance and decontamination processes.

The staff we spoke with told us they understood their reporting structures clearly and described the managers and clinical leads as approachable, visible and who provided them with good support.

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 overall vision of the service was ""We believe that you deserve individual reassurance of your health and wellbeing, through quality and early diagnosis, by qualified professionals in a safe place, in your community."

The vision statement was supported by a set of values that were based on being focused, keeping it simple and making a difference.

The service had developed 12 diagnostics strategic objectives that covered areas such as effective governance, service delivery and engagement with stakeholders. Performance against strategic objectives was monitored as part of routine monthly senior management team meetings.

The vision, values and strategic objectives were clearly displayed on notice boards in the areas we inspected. They had been cascaded to staff across the services and the staff we spoke with had a good understanding of these. Objectives were also incorporated into individual staff appraisals.

Culture

Staff felt respected, supported and valued. 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.

We found the culture across the service was open and transparent. Staff we spoke with said they felt valued and enjoyed working for the service. Staff felt confident to raise issues with line managers and felt managers responded positively when concerns were shared.

A clinician had been appointed as the independent freedom to speak up guardian for the service. The staff we spoke with were aware of the whistleblowing policy and understood how to contact the freedom to speak up guardian if needed. There had not been any whistle blower concerns or freedom to speak up concerns raised by the service or received by the Care Quality Commission during the past 12 months.

Governance

Leaders did not always operate effective governance processes because they did not always carry out relevant checks as part of the recruitment processes, in line with fit and proper persons requirements for directors and persons employed. However, 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.

Good

Diagnostic and screening services

The service had a recruitment, training and staff engagement policy that outlined the process for recruitment of core and contracted staff (including consultants). However, the service did not have a policy or references within their existing policies in relation to the recruitment and appointment of company directors.

The service had 4 company directors. The fit and proper persons files for these directors included information relating their qualifications and disclosure and barring service (DBS) checks. However, none of the records included any evidence to show that additional checks had been carried out to confirm they were of good character as well as checks to confirm there were no concerns around past criminal or financial irregularities, in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 requirements for fit and proper persons; directors.

Contracted staff (such as consultants and nursing staff) requesting to work with the service were required to undergo recruitment checks to confirm their training, appraisal and qualifications as well as evidence of DBS checks, references and registrations with professional bodies, General Medical Council (GMC) and Nursing and Midwifery Council (NMC).

Two of the company directors and the clinical governance lead reviewed each applicants' recruitment records and granted privileges if deemed suitable for working with the service. The administrative team maintained a matrix spreadhseet and electronic recruitment files for all contracted staff and told us they requested updates to appraisals, mandatory training updates and GMC / NMC registrations when they were due to expire.

We looked at the recruitment records for two core staff and four consultants contracted with the service. We found evidence of identification checks, proof of qualifications and mandatory training in the files we looked at. However, not all files included evidence of up to date employee references, NHS clinical appraisals, DBS checks, revalidation records or indemnity insurance.

The recruitment matrix spreadhseet showed only 73% of the 66 contracted staff that had worked for the service had valid DBS checks on file. The senior managers told us they had identified shortfalls in the staff recruitment files and we saw evidence that an action plan was in place to review and update the recruitment records by the end of April 2023.

The service had its own valid and up to date indemnity insurance certification that covered all the contracted consultants and nursing staff. The senior managers told us some consultants provided their own indemnity policies but their activities were covered by the provider's indemnity insurance.

The service had governance structures in place that provided oversight of performance against safety measures. The service held six-weekly endoscopy governance group meetings, monthly senior management team meetings, monthly finance committee meetings and clinical governance board meetings at least every three months.

The service also had a number of working groups that held routine meetings around quality and audit delivery, site resilience and maintenance, environmental management, JAG delivery and preparedness, incident review, performance and contract review. Staff also held regular weekly and monthly team meetings to cascade information and share learning and improvement.

We looked at a selection of meeting minutes from January 2023 to March 2023 and these showed regular discussions took place around operational and safety performance and key risks as well as reviews of audit results and incidents to identify improvements to the service.

Good

Diagnostic and screening services

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.

There was a risk management policy and procedure in place that outlined the process for identifying, assessing and mitigating risks to the service.

The key risks relating to the services were incorporated into the organisational risk register and board assurance framework. The risk register showed that key organisational and patient safety risks were identified and control measures were put in place to mitigate these risks. A risk scoring system was used to identify and escalate key risks and each risk had a review date that was regularly updated.

Meeting minutes showed key risks had been reviewed and discussed at routine clinical governance meetings, senior management meetings and medical advisory committee meetings.

Routine staff meetings took place to discuss day-to-day issues and to share information on performance, patient safety, decontamination processes, incidents and audit results.

We saw that routine audit and monitoring of key processes took place to monitor performance against patient safety standards and organisational objectives. There was a programme of audit covering key processes such as infection control, patient records and medicines management. Information relating to performance against key quality, safety and performance objectives was monitored by senior managers and cascaded to staff through routine team meetings, information on notice boards and through general correspondence.

The service had a business continuity plan which included guidance for staff in relation to managing untoward and unexpected events.

We saw evidence staff maintained up to date risk assessments in relation to health and safety risks and Control of Substances Hazardous to Health (COSHH) assessments.

Information Management

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

The head of compliance and resilience told us they collated and analysed information on performance to look for improvements and routine performance reports were in place detailing performance against key performance indicators.

There were systems in place for the safe storage, circulation and management of electronic and paper-based records such as endoscopy screening reports, patient records, audit records and meeting minutes. Patient records were accessible for staff and could be easily retrieved. Electronic records were stored on computers with controlled access.

The core staff and contracted staff had completed data protection and information governance training as part of their mandatory training. The head of IT and analytics was information governance lead and was responsible for reporting to the Information Commissioner's Office (ICO). The head of IT and analytics confirmed there had been no reportable data breaches during the past 12 months.

Staff could access information such as policies and procedures in paper and electronic format. The policies we looked at were version-controlled, up to date and had periodic review dates.

Engagement

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

Staff told us they received good support and regular communication from their line managers. Staff routinely participated in team meetings to provide updates on issues, performance and risks. The service had created social media groups to enable communications with staff unable to attend team meetings, such a contracted staff. The service also had designated coordinators that attended clinical governance meetings and cascaded information to contracted nurses and consultants.

The service had carried out a staff survey during 2021/22 and responses from 10 core staff showed positive feedback in areas such as quality of patient care, support for staff and quality of staff rotas. The survey had highlighted shortfalls around staff receiving appraisals and the service had taken actions to improve appriasal compliance since the survey.

The service also engaged with staff through newsletters, briefs and through other general information and correspondence that was displayed on notice boards and in the areas we inspected. The senior managers held a staff development day involving the core and administrative staff team during August 2022.

Staff told us they routinely engaged with patients to gain feedback from them. This was done informally and formally through participation in patient satisfaction surveys, which indicated patients were positive about the care and treatment they received.

The service also held routine engagement and discussions around performance and improvement with the referring NHS organisations with which the provider had service level agreements in place.

The service planned to hold a public engagement event during June 2023 with planned attendance from members of the general public, local community representatives and the mayor of Manchester.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff told us the service had a positive culture that was focussed on learning and improvement. We saw evidence of learning and improvement resulting from findings from audit results and incidents and shared learning was cascaded to staff to improve the service.

A number of staff planned to attend an external training event on green endoscopy during June 2023, with a plan to implement learning from the event into policies and staff practice.

Good

Diagnostic and screening services

The senior managers told us they had fully implemented applicable JAG standards and were awaiting an accreditation visit to attain the JAG accreditation.

The service had a number of external International Organisation for Standardisation (ISO) quality management system accreditations that included aspects of continual improvement and innovation, such as ISO:9001:2013, ISO 27001:2013, ISO 14001:2013 and ISO22301:2019.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors The service did not have an effective process for carrying out checks on company directors, in line with regulatory requirements for fit and proper persons; directors.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Leaders did not always carry out relevant checks for employed or contracted staff as part of their recruitment processes.