

InHealth Endoscopy Limited

# Peterborough Community Endoscopy Clinic

## 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

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and 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 to suit patients' needs.
- 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 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

### Rating

### Summary of each main service

#### Endoscopy

Good



Our rating of this service stayed the same. We rated it as good. See the overall summary above for details.

# Summary of findings

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# Summary of this inspection

## Background to Peterborough Community Endoscopy Clinic

Peterborough Community Endoscopy Clinic is operated by InHealth Endoscopy Limited. The endoscopy unit is located on the first floor within Thistlemoor Medical Centre and is comprised of a purpose-built facility with a reception area, admission room, procedure room, discharge bays and a seated recovery area.

The service provides endoscopy (colonoscopy, flexible sigmoidoscopy and oesophagogastroduodenoscopy (OGD) for patients aged 18 years of age and over. These are procedures which look at different parts of the gastric tract.

The service is directly commissioned by the local NHS Commissioning Group, to provide routine endoscopy services and serves the communities of Peterborough and the surrounding area.

The service has had a registered manager in post since November 2018.

## How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We carried out this unannounced inspection on the 04 April 2022.

During the inspection visit, the inspection team:

- Spoke with an endoscopist, registered manager, clinic manager and two members of staff
- Spoke with three patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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

# 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 

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

## Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Records showed the completion rate for mandatory training was 93%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed training modules for immediate life support, infection prevention and control, information governance, data security, mental capacity, health and safety and moving and handling.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. . Endoscopists completed mandatory training and provided annual confirmation of completion of this training to the service in line with the practising privileges policy.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. Records provided by the service showed 100% of staff had completed safeguarding children and adults at level two.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns was available. Staff had access to a level four trained, safeguarding lead and a deputy within InHealth, who were offsite but were contactable by email or telephone.

# Endoscopy

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

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

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

There was one safeguarding incident in the 12 months prior to our inspection. Records showed the incident was investigated and reported in line with the service's policy.

## Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We observed cleaning taking place after a procedure. This included fixed equipment such as examination beds and portable equipment. Each room had a disposable privacy curtain and staff marked each curtain with its first date of use and the planned date of change. All privacy curtains were within their expiry date. Items were visibly clean and dust-free, and we saw a daily cleaning check list.

The service used single use equipment where appropriate. Protective sheets were single use and disposed of after each patient.

Endoscopes were cleaned immediately after use. Used endoscopes were passed from the procedure room to the decontamination room through hatches for initial cleaning, testing and decontamination. Staff used a system to track and trace equipment at each stage of the decontamination process.

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. All records we reviewed showed bacteria levels had been within acceptable ranges.

Staff followed infection control principles including the use of personal protective equipment (PPE) and had access to personal protective equipment (PPE) such as gloves, aprons and face visors. All staff wore PPE where necessary.

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

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The clinic completed an environment and infection control audit quarterly. The clinic consistently achieved a high standard of cleaning with a compliance rate of 100% from April 2021 to March 2022. An audit of the safe disposal of sharps showed improvements were required to ensure only sharps were disposed of in the sharp's bins. An action plan had been implemented and a re-audit was due to be completed at the end of July 2022.

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



# Endoscopy

Patients we spoke with told us the environment was clean.

## 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' families. There was a waiting area, an admission room, a procedure room, two single recovery bays and a seated discharge area. The procedure rooms were equipped with endoscopes and trolleys for carrying the clinical equipment required.

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

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

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

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

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

## Assessing and responding to patient risk

**Staff 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. The service had a patient selection criteria that provided guidelines for the types of patients they treated. The inclusion criteria were based on the American Society of Anaesthesiologists (ASA) classification. The service used an adapted 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist.

Endoscopists ensured they had adequate knowledge of the patient's medical history, medication and any relevant test results. They used a comprehensive pre-assessment medical questionnaire that was used for all patients.

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

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Staff assessed each patient's suitability for receiving conscious sedation. Patients received information before their procedure regarding conscious sedation. The service completed a fire risk assessment and had a protocol for evacuating a sedated patient. All staff had up to date training in immediate life support (ILS).

Staff knew how to respond promptly to any sudden deterioration in a patient's health. Staff used the National Early Warning Score (NEWS) for a deteriorating patient condition. This involved measuring a patient's vital signs such as temperature, blood pressure, heart rate and consciousness which provided a numerical score. Patient's vital signs were monitored during their procedure. The score determined the actions staff should take in relation to a deteriorating patient and staff knew how to access this protocol. Both the procedure room and recovery area had an emergency alarm in the event of emergency or patient collapse. If a patient required urgent treatment staff told us they would call 999 for an emergency transfer to the local hospital. The service had not responded to a deteriorating patient in the previous 12 months.

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

Sepsis training was a part of the mandatory training and clinical staff completed it.

## 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. The clinic had a combination of full and part-time staff. There was a clinical manager, a senior staff nurse, three staff nurses and four health care assistants (HCA). There was always a nurse and HCA or two nurses within the procedure room and a nurse assigned to the recovery area.

The manager could adjust staffing levels daily according to the needs of patients. The clinic manager planned staffing levels and skill mix needed for each day. Rotas were done in advance with short notice changes as required in accordance with staff.

The service had low turnover rates. There was one vacancy for a 0.5 whole time equivalent (WTE) HCA. The registered manager said once this role was filled the clinic would have surplus staff and would be able to operate five days per week.

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

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

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## Medical staffing

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

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

## Records

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

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

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

The clinic received patient referrals through a secure email from the referring consultant or hospital.

Each patient was provided with a written report of their care and treatment before they left the clinic on the day of their procedure. The clinic provided referrers with electronic reports.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The clinic held limited stocks of medicines relevant to the service they offered. Controlled medicines were administered in line with published guidance. Medicines were within date and stored in a secure locked cupboard.

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

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 directives (PGD) and controlled medicines management.

The clinic completed quarterly medicines management audits which showed compliance with the provider's procedure for the storage, security, record keeping and disposal of medicines (100%).

## 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.**

# Endoscopy

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

Staff raised concerns and reported incidents and near misses in line with provider policy. From April 2021 to March 2022 there were 22 incidents reported, four of which were clinical. There were two serious clinical incidents and records showed they were reported and investigated in line with the service's policy. The service developed a new reporting standard operating procedure to ensure a further management plan is included for the GP to refer to should the patient's symptoms persist or deteriorate. Additionally, the service implemented a new process which supported the booking of a follow-up appointment within a tight timescale.

There was evidence that changes had been made as a result of feedback. Staff gave an example of changes that were implemented following an incident such as increasing the appointment time for certain procedures, additional training and reflection on professional practices.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff gave an example of an incident where the duty of candour requirements applied. Records showed that staff applied the duty of candour in line with the clinic's policy.

## 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 WHO Surgical Safety Checklist, Royal College and the American Society of Anaesthesiologists (ASA). Staff could access policies and procedures electronically.

Managers checked to make sure staff followed guidance. There was a system of rolling audits to benchmark standards of care internally and with national guidance. The quarterly audit of the WHO Surgical Safety Checklist completed in October 2021 showed non-compliance with the service's procedures. This improved in January 2022 and staff were continuing to monitor this to ensure all the appropriate checks were carried out. The clinic completed clinical audits on peripheral intravenous cannula care and patient follow up to ensure the service's policies were adhered to. Records showed the service performed consistently to a high standard.

### Nutrition and hydration

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

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Patients were informed to arrive to appointments fasted at the time of their bookings and were reminded during pre-assessments on the telephone. Diabetic patients were given early appointments to reduce the amount of time they needed to be fasted.

After their procedure, patients were offered a snack and hot or cold beverage of their choice. Anti-sickness medicine could be prescribed and was available in case of nausea.

## Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The service managed patients' pain well. 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. An anaesthetic spray was used to numb the nose and throat before Oesophagogastroduodenoscopy (OGD) procedures which reduced the gag reflex making the procedure more comfortable for the patient.

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 clinic 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 told patients when to expect these.

The clinic audited report turnaround times, vetting of referrals and rectal retroflexion. Records showed the service performed consistently to a high standard. 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.

The service achieved Joint Advisory Group (JAG) accreditation in October 2014, was reaccredited in October 2019, and maintains annual accreditation. JAG accreditation is a patient-centred and workforce-focused scheme based on principles of independent assessment against recognised standards and is a formal recognition that a gastrointestinal endoscopy service has demonstrated competence to deliver against criteria set out in the JAG standards.

Key performance indicators and individual endoscopist's outcomes were audited on a quarterly basis using the GRS as identified by JAG. All endoscopists were performing above the expected standard. Results were reviewed by the clinical lead who provided clinical support to endoscopists if results fell below national benchmarks.

Managers shared and made sure staff understood information from the audits. Records showed audits were discussed at monthly staff meetings.

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## Competent staff

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

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

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

All new staff received an induction, were allocated a mentor and attended training in skills required to care for patients undergoing endoscopy procedures. Staff said they had received full induction tailored to their role and felt well-supported.

Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files. Clinical staff completed competency-based training modules based on their role and responsibilities including for each procedure, the cleaning and decontamination of endoscopes, medicines management, responding to medical emergencies and consent.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for this service were 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 such as intravenous cannula and safer sedation practices.

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

## Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There was a daily meeting between the endoscopist and the clinical team to discuss the patient's needs.

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 to inform them of the findings.

## Seven-day services

**Key services were available to support timely patient care.**

The clinic opened Monday to Thursday from 8am – 6pm. Whenever there was a bank holiday, appointments were available on a Friday to ensure patients did not wait too long for procedures. Following our inspection, staff said the clinic was open every Friday and services could be provided seven days a week if required

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.

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## 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. 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.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff explained how they would carry out and document a capacity assessment if required. Staff showed us an example of the mental health assessment questionnaire used.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Information on the procedure and consent forms were sent to each patient prior to the procedure. Staff described how they gained patient consent including explaining the risks and benefits associated with the procedure. Staff gained consent for the procedure and for sedation where it was required.

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

Staff clearly recorded consent in the patients' records.

Clinical staff (100%) received and kept up to date with training in the Mental Capacity Act. Staff could describe and knew how to access policies on the Mental Capacity Act.

## Are Endoscopy caring?

Good 

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

## Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said the clinic was professional and efficient and staff were kind and caring. The clinic environment ensured patient's privacy and dignity was maintained. Patients had privacy for discussions pre procedure, during the procedure and in separate cubicles in the recovery area. In the 2021 patient satisfaction survey 99% of patients said their privacy and dignity was respected.

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Patients had a positive experience at the clinic with 68% of patients rating their experience as excellent and 29% as very good.

Patients said staff treated them well and with kindness. Staff were very helpful and reassuring. Patients said their results were explained to them following the procedure (99%).

## Emotional support

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

Staff understood the impact that patients' care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs. We observed staff caring for patients with sensitivity and staff monitored patients with care and compassion.

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

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

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

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

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

Patients were advised about different options of sedation they could decide on before the procedure. All patients were given a discharge information sheet with advice on the procedure they had undergone. The clinic provided follow up phone calls to colonoscopy patients to ensure there were no complications.

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 2021 patient satisfaction survey 98% of patients said risks and complications were explained to them and 100% said they had the opportunity to ask questions before signing a consent form.



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## Are Endoscopy responsive?

Good 

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

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

**The service planned and provided care in a way that met the needs of local people and the communities served.**

Managers planned and organised services, so they met the changing needs of the people who use the service. There was an established inclusion and exclusion criteria which was agreed with the local commissioning group. The clinic was open four days a week and provided elective endoscopy procedures by appointment only, at a time to meet the needs of the patient group. Appointments were generally arranged on the telephone and staff would assess whether patient met the referral criteria.

Staff said patients were contacted to book an appointment within 48 hours and were seen at the clinic within four weeks. Patients we spoke with confirmed being able to access the clinic 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 2% and patient cancellations were 5.5%. To reduce the number of missed appointments patients were telephoned 48 hours prior to 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.

### Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

There was a comfortable seating area and toilet facilities for patients and visitors. The building was wheelchair accessible.

Managers made sure staff, and patients and carers could access interpreters or signers when needed. The contact information for signers and interpreters was readily available. The service had information leaflets available in languages spoken by the patients and local community. Information was available in other languages to support patients in the local community whose first language was not English.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Patients with learning difficulties were identified at the time of booking their initial

# Endoscopy

appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment. Records showed staff gave longer appointments to patients who needed it. Staff gave examples where patients were assessed and if treatment could not be provided at the clinic these patients were referred to the local hospital.

## 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.**

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 clinic monitored key performance indicators (KPIs) and provided information to the commissioning group monthly. Procedures should be undertaken within six weeks of referral and the clinic 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.

Endoscopic reports were issued directly following the procedure and pathology reports within five days. An audit of pathology report turnaround time in 2021, along with the KPI data, showed the clinic consistently met the five-day report writing target (98%).

There was a suspected cancer pathway with agreed protocols for onward referral. Patients were given an information leaflet so they could know what to expect from the clinic 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 clinic. 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.

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 could give examples of how they used patient feedback to improve the service. For example, improving communication with parents of children with special needs.

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

## Are Endoscopy well-led?

# Endoscopy

Good 

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

## Leadership

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

The provider had a corporate management structure which included a chief executive officer, chief medical officer and a director of clinical quality. The clinic was supported by the director of operations for endoscopy and the head of endoscopy, who was also the registered manager. The clinic was overseen day-to-day by the clinic manager, who was a senior nurse providing dedicated clinical leadership, and had a deputy manager who provided support. The service supported both senior nurses to develop into the role as clinic manager and deputy clinic manager.

InHealth endoscopy had a medical director who was responsible for ensuring safe and effective care through the provision of professional leadership and clinical oversight to all endoscopists at the clinic.

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 clinic manager demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

## Vision and Strategy

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

The clinic 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 appointments available to patients each year. 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 clinic.

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, 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.

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

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

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## 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.**

Managers supported an open and honest culture through leading by example and promoting the service's values. The clinic manager told us this was promoted by interacting with staff daily and having an open-door policy. Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic.

The clinic manager told us they felt supported by the head of endoscopy. The head of endoscopy visited the clinic twice a month and was contactable if further support was required.

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

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

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

## Governance

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

There was an effective clinical governance structure which included a range of meetings that were held regularly including an 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.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. InHealth endoscopy department had recently appointed a clinical lead nurse for education who would support continuous learning at the clinic.

The clinic manager told us learning was cascaded to staff. There were monthly staff meetings and all staff members had a work email account and updates were sent to staff via email.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

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

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

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

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks such as illness due to Covid-19 for both staff and patients and self-isolation requirements had been reviewed and mitigated. Risks were discussed at regular governance meetings.

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

## Information Management

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

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

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

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

The clinic provided information to the Care Quality Commission and Joint Advisory Group (JAG) as required.

We observed the clinic had close circuit television (CCTV) surveillance at the entrance to the clinic. The clinic did not have a CCTV policy. Following our inspection, the clinic sent us a CCTV policy and a data protection leaflet for patients.

## Engagement

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

The clinic had monthly meetings with the commissioners and shared information on significant events, incidents, complaints and compliments. During the Covid-19 pandemic the clinic supported the local commissioners with the two week wait referrals pathways from September 2020 to January 2021.

The clinic completed annual patient satisfaction surveys. They collated patient satisfaction surveys and used the results to inform service development. The results of the 2021 patient satisfaction survey showed 68% of patients rated their experience of the clinic as excellent and 29% as very good.

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The service made changes based on feedback from patients. For example, the documented procedure for follow-up appointments with tight timescales had been reviewed. The clinic acted on feedback from staff for example, putting forward a business case to acquire two additional rooms to provide better staff facilities and upgrading to a better computer system.

## 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.**

The clinic worked with the local commissioners to trial a single point of access to enable patient referrals to the right place at the right time. The clinic provided data and feedback on the effectiveness of the single point of contact.

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

The clinic had well-being facilities for staff during the pandemic including free confidential counselling through the Employee Assistance Programme.

InHealth had an Equality, Diversity and Inclusion Forum to support colleagues and promote inclusion and awareness and celebrate diversity. The service worked to better understand how diversity, inclusion and equality objectives were being met and how this could be developed further in the future.