

Alimentary Solutions Limited

Alimentary Solution Limited

Inspection report

Sandy Lane Health Centre
Sandy Lane
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WN8 8LA
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

We had not inspected this service before. 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. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, 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 and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Endoscopy

Rating

Good



Summary of each main service

We had not inspected this service before. 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. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, 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 and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to Alimentary Solution Limited

The service is a GP direct access clinic for upper gastrointestinal procedures. It provides a service to any of the patients on the GP lists. It is commissioned for routine procedures only and for patients who can give consent. The service takes adult patients only. The service is capped at 650 procedures a year.

There is a registered manager and a nominated individual, and both are practising medical consultants. The registered manager is the lead clinician for the service.

The regulated activities for the service are: -

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures.

The service has never been inspected.

How we carried out this inspection

The service was a consultant led service that treated adults over 18 years of age. We followed 2 patients through their journey from checking in and consenting to the procedure, the procedure itself and their discharge. We spoke to the patients following their procedures to ask their views about the service provided. We viewed their records.

We spoke to the two managing directors and the 3 nurses who were supporting the clinic.

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>.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action the 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.

Our findings

Overview of ratings

Our ratings for this location are:

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

Endoscopy

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

Is the service safe?

Good 

We had not rated this service before 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. Staff who worked for the NHS completed their training through the NHS and this was monitored by the service. Staff could access training modules on-line through a training support company. Training was monitored and staff were informed a month before their training was due so that they could complete their training. This was for all training.

We looked at the training records for the staff who worked in the service. All staff were at 100% compliance apart from one member of staff who had to complete one module of training which had expired in the week of the inspection.

The mandatory training was comprehensive and met the needs of patients and staff. Training included basic life support, manual handling, fire safety, infection control, Covid-19 awareness and Control of Substances Hazardous to Health.

Staff who did not work for an NHS trust could access training for learning disabilities and autism through the service's online training support company.

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.

Nursing and medical staff received training specific for their role on how to recognise and report abuse. All staff were trained to level 2 for safeguarding for adults and children and young people.

Staff were aware of contact numbers for the local safeguarding team.

Endoscopy

The two managers/consultants for the service were trained to level 3 and 4 respectively in safeguarding for adults and children and young people.

There had never been any safeguarding incidents in the service.

All staff were disclosure barring service (DBS) checked by the service.

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 was delivered from a suite of rooms in a health centre. The health centre was run by NHS property services. They were responsible for the upkeep and cleaning of the building and carried out audits of the cleaning. These were available to the service and were up-to-date and demonstrated that all areas were cleaned regularly.

The areas where the procedures took place were clean and tidy and had suitable furnishings which were clean and well-maintained. The staff from the service cleaned the procedure rooms before starting the procedures and between procedures. We saw that this was recorded and audited.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw that PPE was plentiful and that staff used it. Staff were bare below the elbow.

Following a procedure, the scope was cleaned manually in the procedure room and then the plastic tray containing the scope was enclosed in a plastic bag and the scope was taken to the dirty room for washing and decontamination. We saw that staff wore appropriate PPE for decontamination of the scope and that there was one way flow around the room before placing the scope in the endoscope washer disinfectant (EWD)

At the time of the inspection, we saw that a new EWD had been installed replacing a unit that had been in use for over 20 years. The old unit had not been decommissioned and was blocking the hatch in the wall where staff usually passed the cleaned and sterilised scopes. Staff were working around this, and so dirty scopes were not brought into the room until cleaned and sterilised scopes were removed to a clean area ready for use. The old EWD was due to be removed imminently.

We saw records that showed the microbiological quality of the water used in the rinsing of the scopes. This was done by an outside contractor. There was evidence of weekly, quarterly, and annual water tests in line with NHS guidance.

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.

There was a communal waiting area and patients were taken to an admitting room to consent for their treatment. Following this, patients were taken to the clinical room for their procedure. Following the procedure, when they were recovered and discharged, they went back to the waiting room.

Endoscopy

The service had 3 endoscopes from the same manufacturer. These were slim scopes for improved patient comfort. The images produced were digital high-definition images equivalent to the quality of secondary care imaging. If there was a requirement to refer the patient into secondary care services, the procedure would not have to be repeated due to the image quality.

The endoscopes were maintained and serviced by the manufacturer. If there was a problem with an endoscope, then the manufacturer would temporarily provide a replacement. There were also maintenance contracts for the EWD.

There was a track and trace system that recorded each stage of the decontamination process for each endoscope that was recorded in the patient record.

Staff disposed of clinical waste safely and the property services conducted audits of waste disposal which the service had access to.

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 worked with the commissioners of the service and local GPs to agree referral criteria to minimise adverse events or incidents.

There was a deteriorating patient policy for the service and a box of emergency medicines was stored in the procedure room. There was an automated external defibrillator that was located in the health centre in case of an emergency. The service had an agreement with one of the GP practices in the health centre to support any deteriorating patient.

The staff completed a modified World Health Organisation (WHO) checklist for endoscopy for each patient. The WHO checklist supports patient safety and quality improvement. We saw that the staff completed all elements of the checklist as they worked through the procedure.

We saw that staff checked the name, address and date of birth of the patient at every stage of the procedure. They also checked that the NHS number on the referral documentation matched that in the patient record. The doctors asked the patient about any allergies and if they were taking any anticoagulants.

During the procedure staff monitored patients using a pulse oximeter. There was a blood glucose monitor if necessary.

All clinical staff were trained to at least basic life support and had access to the defibrillator in case of a clinical emergency. Emergency medicines were kept in the procedure room in case of a deteriorating patient. These were checked by the service every month.

The referrals to the service were from GP's and were routine. If there were significant findings the consultant would telephone the GP that day so that patients could be referred onto the 2- week pathway on the same day. Biopsies could be taken during the procedure and sent for histology and the service received the results within 5 days. The service used the NHS email service allowing patient information to be sent securely.

Patients were given advice about what to do if they had any problems following the procedure. If they had any serious issues, they were advised to attend their urgent and emergency care department. The service had never had any incidents following a procedure.

Endoscopy

Staffing

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

The service was a consultant led service. One of the managing directors of the service was an experienced endoscopist and all the endoscopists who worked for the service were selected and approved by the service and had substantive NHS posts.

The service had retained 2 of the nursing staff and had recruited additional staff including health care assistants. There were 2 additional staff and 3 staff who were used for back up in case of sickness and holidays. The service's increase in staffing numbers had improved staff morale, patient care and patient experience.

On the day of the inspection there were four staff including the consultant. There were 2 nurses in the procedure room and a health care assistant for decontamination. All staff were trained in endoscopy.

The staff retention rate for this service was 100% for the year 2022.

The service employed a human resources company to manage recruitment, monitor training and development and the relevant checks including the disclosure barring service checks.

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.

All patient records were comprehensive, and all appropriate staff could access them easily. Records were electronic.

The record was completed at each stage of the patient journey, and we saw that staff worked through the record before handing the record over to the next member of staff. The consultants and nurses completed the documentation during the procedure including the world health organisation checklist and the track and trace details for the scope(s) used in their procedure.

The audit of the completion of the endoscopic pathway was evidence of completion of patient records. The outcome of the audit for 2022 was 98.2%.

The service had designed a template that could be added to the GP electronic patient record. This meant that the patient's GP had access to the results of the gastroscopy and any follow up actions that were needed.

All records were password protected and could only be accessed by authorised staff.

Medicines

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

The service used a local anaesthetic spray to reduce pain in the throat and reflex gagging. This was stored securely in the clinic room.

Endoscopy

In the governance meeting minutes from 22 March 2023, there was a decision to have an emergency medicines box in the procedure room and for the medicines to be checked every month. This was in progress at the time of the inspection. Emergency medicines had previously been stored with the automated external defibrillator.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team 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.

All staff knew what incidents to report and how to report them.

There had been very few incidents in the service and no serious incidents. The service had no never events.

The service shared information from the Medicines and Healthcare Products Regulatory Agency to all staff.

Managers shared learning with their staff about never events that happened elsewhere.

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. They had never had to apply the duty of candour.

Is the service effective?

Good 

We had not inspected this service before. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

The service followed appropriate guidance from the National Institute of Health and Care Excellence (NICE) and the British Society of Gastroenterology.

Staff followed the endoscope pathway which was evidence based.

All organisational policies were available to the staff and were in date with a review date. The policies were available electronically and there was a paper copy of the policies on site.

This service was not accredited by the Joint Advisory Group (JAG) for GI endoscopy. This was because there were limitations in the environment where the service was delivered. All the consultants who worked in the service had achieved and maintained the competencies specified by JAG.

Endoscopy

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Patients who were nervous about their procedure could request a low dose of diazepam from their GP to take before their procedure.

The service used a local anaesthetic throat spray to reduce pain in the throat and reflex gagging.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.

The service participated in relevant local endoscopy audits.

There were gastroscopy audits every 3 months. These were the pathway completion audits. The audit checked completion of the admission observations, documentation of allergies and anticoagulants, documentation of observations during and after endoscopy and a consultant signature for nurse administered medications. All had to be completed for a pass. The service had achieved 98.2% against a target of 95% for the year 2022.

All audit outcomes were agenda items at the governance meetings that were held every 3 months. Managers used information from the audits to improve care and treatment.

There was a programme of audits to monitor the service and to check improvement over time. Some of these audits were national and some were completed by the service. Each endoscopist had achieved and maintained the competencies required by JAG. JAG collected an extensive amount of audit data for their accreditation processes.

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.

Managers gave all new staff a full induction tailored to their role before they started work. The service had completed training needs analysis and provided training support and appraisals to all the staff when it took over the service.

We saw that staff had portfolios of compliance for mandatory training and competencies which were monitored by the human resources company used by the service.

There were team meetings every month for all the staff in the service.

If the endoscopist had completed and maintained their competencies from JAG and there was confirmation of their annual appraisal from their employing NHS trust this was regarded as evidence of endoscopy competency. Endoscopist competence was reviewed every 4 months for procedures undertaken for the service.

Endoscopy

Multidisciplinary working

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

During the inspection we saw that staff worked closely together to support patients and to deliver a safe service. There was mutual respect for each other's roles to support patient safety and provide a positive patient experience.

Nurses told us that the consultants respected their views, and they sought their opinions and listened to what they said.

One of the questions asked in the staff survey was "how well do your unit work as a team". The positive response was 100%.

Seven-day services

Key services were available to support timely patient care.

The service was delivered 1 day a week on a Wednesday. An extra session was arranged if there was enough demand.

Health promotion

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

Following their procedure patients were given health information and advice about the management of any findings from the procedure. This could help to reduce further admissions to the service and to secondary care services in the future.

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. The criteria for the service were that patients needed to be able to give consent for their procedure. We were told that they had treated patients with mild learning disabilities and early-stage dementia. We were told that on one occasion a patient had been turned away on the day as they were not considered to have capacity to consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. All patients attending the service were referred directly by their GP. This was the first stage of their consent. Patients were also provided with an information leaflet about the service by their referring GP.

Staff from the service phoned patients before their procedure and patients could ask for any information about the procedure during the phone call.

On arrival at the service, patients were consented by the consultant. We saw that detailed explanations of the procedure were given so that patients could give informed consent. Patients were invited to ask questions about the procedure and possible outcomes of the procedure. The consent was documented in the patient record.

Is the service caring?

Endoscopy

Good 

We had not inspected this service before. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw that the staff allowed patients time to receive information and to ask questions. Patients were not rushed.

We saw that all staff introduced themselves to patients before they started any treatment.

We followed the patient journey for 2 patients. We saw that staff were kind to the patients. In the procedure room, staff helped patients to get into a comfortable position before they started the procedure. A patient described the staff as very caring.

In the patient feedback about the service, a patient said that the staff were caring, and the doctor was gentle. Staff were described as lovely and amazing.

Staff followed policy to keep patient care and treatment confidential.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw that when patients were very anxious, staff provided reassurance at every stage of the procedure.

Patients were supported and encouraged during the procedure by all the staff and patients. A patient told us that the description of the procedure from the consultant was very good, and the experience had been less traumatic than expected. They had received a telephone call the day before the procedure and they had found this useful.

Feedback about the service was that staff had listened and discussed the process and the results and any causes. Another patient had said that they had been reassured and that the procedure was better than they had experienced before at another site. They felt much more relaxed with the doctor's support.

Following the procedure, patients were given the results of the procedure and were able to ask questions before they went back to the waiting room.

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.

Endoscopy

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. This was using an electronic device at the end of the procedure.

In the period 1 October 2022 to 31 December 2022, 97 patients gave feedback about the service. Patients were asked how informed they were about their procedure, 90 patients said they were extremely satisfied, and 5 patients said they were satisfied. Patients were asked how satisfied they were with the professional manner of the nurse in terms of courtesy, respect, sensitivity and friendliness. 94 patients were extremely satisfied. The same question was asked about the doctor's professional manner and 93 patients were extremely satisfied. Patients were asked how well they were cared for and 90 said that they were extremely satisfied with their care.

Patients gave positive feedback about the service. Patients described that they were treated as an individual, that talking to the staff really helped them to feel calm. They also said that the staff were fabulous, and the consultant was amazing and that there was great team working. Negative comments were about the mild discomfort during the procedure.

Is the service responsive?

Good 

We had not inspected this service before We rated it as good.

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

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

Managers planned and organised services, so they met the changing needs of the local population. The service was a GP direct access diagnostic gastroscopy service.

The service used treatment rooms in the health centre. The rooms were overseen and run by NHS property services. There was a communal waiting area, a clinic room where the consultant obtained consent for the procedure, the treatment room where the patients had their procedure and a decontamination room for the sterilisation of the scopes. The service could also book other rooms in the health centre if they needed to.

The rooms were wheelchair accessible and there were wheelchair accessible toilets.

If patients did not attend for their appointment their GP was notified by the service.

Patient feedback indicated that they liked the service because it was local and easy to access.

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.

Patients were referred to the service by their GP and were provided with information at the point of referral. The GP would inform the service if an interpreter was needed for the procedure.

Endoscopy

Managers made sure staff, and patients, loved ones and carers could get help from interpreting services or signers when needed.

The service did not accept patients who could not consent for their procedure.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were in line with national standards.

The service was for non-urgent gastroscopy procedures.

Patients were given an appointment for a procedure when they attended their GP surgery. They rarely waited more than 2 weeks for an appointment. The wait for this service at the local trust was up to 7 months. Once the patient had been booked in for a procedure they could cancel or change their appointment themselves.

The service booked 6 procedures in for each session. All histology reports from samples taken during the procedures were reported to the patient and their GP within 5 days of the procedure.

Learning from complaints and concerns

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

Patients, relatives, and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Managers shared feedback from complaints with staff and learning was used to improve the service. There had been one complaint in the past year when a patient had attended for a procedure, but the session had been cancelled. The service had changed their policy about how they communicated with patients in the event of a clinic cancellation.

There had never been a written complaint about the service.

Is the service well-led?

This service had not been inspected before. 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.

We saw that there was strong clinical leadership from the two managing directors of the service who were medical consultants. They worked to deliver a high-quality service that had a focus on patient safety and was patient centred.

Endoscopy

All staff who worked in the service were selected and approved by the managing directors of the service. All consultants who applied to the service had their practice observed by the managing director before they were allowed to become part of the workforce. The managing director was an endoscopy trainer and had a speciality in bowel cancer screening. Some consultants had been turned down because their practice did not meet the high standards set for the service for patient safety and comfort.

The nurses told us that there was really good communication between them and the managing directors of the service. They said that they were always listened to and that their views and opinions were listened to. The nurses told us that the managing directors were always available by phone during the working sessions to support any issues that might arise.

We observed that there was mutual respect between the doctors and the nurses during the inspection. There was strong evidence of multidisciplinary teamwork that supported patient safety and patient experience.

Nurses who worked for the service were able to request further training to improve and develop their skills or to refresh skills and competencies if they had not been in practice for a while.

The managing directors of the service were looking for accreditation with ISO 9001. This is the international standard that specifies the requirements for a quality management that includes elements including leadership, customer focus and engagement and improvement.

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.

This service had taken over an existing service when the main practitioner had retired. The managers worked with local primary care colleagues and commissioners to develop and improve the service. This had included significant investment in the service purchasing new up to date equipment. The service invested in staff through training and development. The managing director told us that the GP's liked the service as they could directly refer patients into it with the patients having an appointment when they left the GP surgery. The service provided was timely with patients waiting less than 2 weeks for a routine gastroscopy. The service met with GP's, who referred patients to the service, every 3 months.

The environment of the health centre limited the type of procedures that could be carried out by the service. The GP's had stated that they would like the service to deliver additional procedures such as colonoscopies and sigmoidoscopies and to see more urgent patients. The managing directors were looking to fund their own premises that would meet the Joint Advisory Group Standards (JAG) for gastrointestinal endoscopy which would allow them to carry out a wider range of procedures. They were working with local commissioners and GPs to develop the services.

The local health economy had a waiting list for all scoping procedures, so this service helped to address the backlog.

Culture

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

Endoscopy

The service that was delivered was focused on patient centred care. This was reflected in the positive feedback about the service and the people who worked in it from patients with 99% of patients rating the service as good or excellent.

Gastroscopy completion rates were at 98.2%, a 95% completion rate was regarded as a key indicator of competency.

There was a patient safety culture that was important to the service and the managers worked to provide a very safe service with positive patient experience. There had been no serious incidents or complaints to the service since it opened in June 2021.

The staff who worked in the service said that they loved working for the service and there was no problem in filling the shifts. One of the staff had worked there for a long time and was very positive about it. In the staff survey staff were asked if they felt valued in their role. The response was 100% that they were valued in their role.

There were opportunities for training and competency development for all staff. In the staff survey, 100% of staff said they were supported in their training needs.

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 were governance meetings that were held every 3 months. The governance meeting minutes for 22 March 2023 included agenda items such as policy reviews, patient feedback submissions, review of incidents and complaints, the risk register and possible service improvements. The outcomes of audits were discussed at the governance meetings.

There were staff meetings every month. The meetings were used to discuss any operational issues to the service, any incidents, complaints and complements and any staffing issues. The risk register was discussed at the staff meetings and updated as necessary.

There were meetings with local GP's who used the service to obtain feedback about the service which could be used to make improvements.

Management of risk, issues, and performance

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

The risk register for the service was comprehensive and the management of the risk was recorded with mitigating actions and control measures until the risk was closed.

We saw that risk in the service was viewed as an opportunity for improvement. The risks were linked to the appropriate ISO standard and the service objectives. This supported the ongoing development of the service.

The managers of the service could verbalise the risks to the organisation.

Endoscopy

The service was working to accreditation with ISO 22301. This is the international standard for business continuity management and specifies the requirements for a management system to protect against reduce and recovery from disruptive incidents. There was a focus on reducing the threat before it happened.

The service had developed several high-level quality management objectives. These included: staff turnover, numbers of incidents and complaints, to maintain key performance indicators and minimise gastroscopy complications. All the objectives had been achieved except for one which was to minimise operational issues relating to the delivery of services. There was a target set of 5 or less and the service had scored 6. Actions were in place to try to address these operational issues.

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 service was working to accreditation with ISO 27011 which is the international standard for information security. One of the standards is confidentiality and there is a requirement for continual improvement of the information security management system.

Staff had access to information about the service and it was discussed at staff meetings. Information was also shared by email.

The service used nhs.net email addresses for secure data transfer.

The service submitted notifications to CQC as necessary.

Engagement

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

There had been a staff survey for all the staff who worked in all parts of the organisation in 2022. The survey had been extremely positive for all parts of the service including this one.

We saw that there had been a meeting with the staff to look at how the service was going to achieve the IOS 9001, ISO 22301 and ISO 27011. Actions arising from the meeting had been allocated to various staff. There was a culture of buy in from the staff so that everyone wanted the organisation to be successful and to achieve its objectives.

There was a staff newsletter that was sent out every month and we saw that the staff had completed a sponsored walk to raise funds for a bowel cancer charity. This was a team building exercise.

Learning, continuous improvement and innovation

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

Endoscopy

The leaders were proud of the service and what they had achieved. They had put processes in place so that they could recognise any issues that would negatively affect the performance of the service and could address them. Staff were committed to deliver the best service that they could.

We saw that the organisation had a strong culture of patient safety, patient centred care and patient engagement. This was reflected in the achievement of the management objectives that were set by the service. Targets were stretching but apart from 1 had been achieved.

The service took action if performance was not up to that required to be part of the service. There were ongoing reviews of the competencies of the endoscopists to ensure good quality, safe care.

There was a section on each staff meeting minutes for ideas about service improvement and how this could be implemented.