Oxfordshire Community Endoscopy

Quality Report

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

Ratings

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

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

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

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

Summary of findings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Oxfordshire Community Endoscopy is operated by InHealth Endoscopy Limited and provides adult community endoscopy services at Windrush Health Centre in Witney, Oxfordshire.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 23 October 2018.

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

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

Services we rate

Our rating of this service is **Good** overall.

We found good practice in relation to endoscopy care:

- The service managed staffing effectively and always had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- The service controlled infection risk well and had suitable premises and equipment. Staff kept themselves, equipment and the premises clean.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. The service had arrangements to recognise and manage risks to patients in line with national guidance.
- The service managed patient safety incidents well. During the reporting period there were no never events or serious incidents.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. The service had received Joint Advisory Group (JAG) accreditation in 2014.
- Managers monitored the effectiveness of care and treatment and used findings to improve them. The intended outcomes overall were being achieved.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Observations showed how staff interacted compassionately with patients who were treated with dignity and respect.
- The senior team were available, approachable and supportive throughout recent senior staffing changes.

However

- People could not always access the service when they needed it. Waiting times from referral to test (RTT) were not always achieved.
- We were not assured all staff explained sedation adequately to patients during the pre-procedure discussion.
- The service had a clinical GP lead but no dedicated clinical nurse leadership.

Summary of findings

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Endoscopy	Good 	Oxfordshire community endoscopy (InHealth) provided endoscopy services for adults. We rated this service as Good for safe, caring and well led and requires improvement for responsive. We currently do not rate the effective domain for independent endoscopy services.

Summary of findings

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Good

Oxfordshire Community Endoscopy

Services we looked at
Endoscopy

Summary of this inspection

Background to Oxfordshire Community Endoscopy

Oxfordshire Community Endoscopy is operated by InHealth Endoscopy Limited. The endoscopy unit which opened in 2012, is an independent provider located on the ground floor at Windrush Health Centre in Witney, Oxfordshire.

The service is directly commissioned by local NHS Commissioning Groups and primarily serves the communities of Oxfordshire and Gloucestershire. The service provides endoscopy services for both routine and suspected cancer referrals (only one CCG commissions suspected cancer activity).

The service has had a temporary registered manager in post since October 2018. At the time of the inspection, a new manager had recently been appointed and was in the process of registering with the Care Quality Commission (CQC).

This service was last inspected in January 2014 using a previous methodology, all standards were met.

Our inspection team

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

Information about Oxfordshire Community Endoscopy

The service offers colonoscopy, flexible sigmoidoscopy, trans-nasal and oral oesophago-gastro-duodenoscopy(OGD) to people in the local communities.

These procedures are examinations by a long thin tube and camera (endoscope) of the entire colon, part of the colon, oesophagus or the or the stomach.

The service achieved Joint Advisory Group (JAG) accreditation in December 2014. JAG accreditationis the formal recognition that an endoscopy service has demonstrated it has the competence to deliver against the criteria set out in the JAG standards. The unit conformed to JAG standards and consisted of a large seating area, a sub-wait room and one procedure room. The recovery area consisted of four separate bays and toilet facilities.

There was currently a decontamination facility on site, however this was due to be decommissioned when a new local facility was fully functional. At the time of our inspection this new site had just opened. Once this site was up and running all endoscopes (small flexible tubes) will be decontaminated at this new central location.

The service has one endoscopy suite and was registered to provide the following regulated activities:

- Diagnostic and screening procedures

During the inspection, we visited the admission/recovery area, the onsite decontamination unit and the general discharge area. We spoke with five staff including: registered nurses, and senior managers. We spoke with four patients and one relative. During our inspection, we reviewed three sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

Activity (April 2014 to March 2015)

Summary of this inspection

- In the reporting period August 2017 to August 2018 There were 1795 oesophago-gastro-duodenoscopy(OGD's) 1150 colonoscopies and 264 flexible sigmoidoscopies carried out as day case procedures at the service. These episodes of care were NHS-funded through contracts with local commissioning boards.

Four medical endoscopists and three nurse endoscopists worked at the service under practising privileges. The service employed six registered nurses, three care assistants and two receptionists', as well as having its own bank staff. The accountable officer for controlled drugs (CDs) was the temporary registered manager.

Track record on safety

- No Never Events
- 13 Clinical incidents, no episodes of no harm, no episodes of severe harm and no deaths
- No serious injuries

No incidences of Meticillin-resistant Staphylococcus aureus (MRSA)

No incidences of Meticillin-sensitive staphylococcus aureus (MSSA)

Two complaints, one of which was upheld.

Services accredited by a national body:

- Joint Advisory Group (JAG) on GI endoscopy accreditation, 2014.

Services provided under service level agreement:

- Clinical and or non-clinical waste removal
- Grounds Maintenance
- Laundry
- Maintenance of some medical equipment
- Pathology and histology

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as **Good** because:

- The service managed staffing effectively and had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient and in line with guidance. They kept clear records and asked for support when necessary.
- The service had arrangements to recognise and manage risks to patients in line with national guidance. The service recognised that in some patient's examinations may be possible onlyusing sedation and/or analgesia and they adhered to safe sedation guidelines.

However

- Not all staff had fully completed their mandatory training.
- We were not assured all staff explained sedation adequately to patients during the pre-procedure discussion.

Are services effective?

We currently do not rate the effective domain but found:

- Care and treatment was based on national guidance and evidence of its effectiveness. The service had received Joint Advisory Group (JAG) accreditation in 2014.
- Staff followed NICE guidelines and quality standards of the British Society of gastroenterology (BSG) for those patients who were diabetic or had clotting conditions.
- Patients could access different types of pain control for endoscopies and staff assessed and monitored patients regularly to see if they were in pain. The service audited comfort scores.
- Managers monitored the effectiveness of care and treatment and used findings to improve them. The intended outcomes overall were being achieved.
- An audit schedule tracked all completed audits which were than collated centrally to ensure oversight of each service. All audits had been completed.

Summary of this inspection

- Managers made sure staff were competent for their roles. They appraised staff's work performance and held supervision meetings to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Clinics were offered up to seven days a week. Regular discussions were held with the local commissioning groups to monitor contracts and waiting lists.

Are services caring?

Good

We rated caring as **Good** because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Observations showed how staff interacted compassionately with patients who were treated with dignity and respect.
- During endoscopy procedures staff were supportive and thoughtful and asked how comfortable the patient was. They updated the patient with what was happening and how long until the procedure would finish.

Are services responsive?

Requires improvement

We rated responsive as **Requires improvement** because:

- People could not always access the service when they needed it. Waiting times from referral to test (RTT) were not always achieved.
- Sometimes staff had to break bad news to patients and staff told us they would do so in a room which housed filing, equipment and the drying cabinets. This was less than ideal and was very noisy.

However

- The services reflected the needs of the local population as contracts with the local commissioning groups were in place to reduce waiting lists for endoscopy services.
- Premises were appropriate for the service it delivered.
- Patients were offered services that were tailored to their needs in line with National Institute for Health and care Excellence (NICE).
- The service had processes and systems in place to monitor, review and optimise patient comfort levels.

Summary of this inspection

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Are services well-led?

Good

We rated well-led as **Good** because:

- Staff told us that whilst there had been a lot of change, senior members of the team were available, approachable and supportive throughout all the changes and they felt that the team was beginning to settle down.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.
- The service had governance processes in place to review and monitor information that was required for those endoscopists working under practicing privileges.

However

- The service had a clinical GP lead but at the time of our inspection had no dedicated clinical nurse leadership.
- Staff used the World Health Organisations (WHO) surgical safety checklist, however, senior oversight of compliance required improvement.
- Risk registers were not discussed at location level, this meant that the staff at the service may not be aware of the risks at their location.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Endoscopy

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

Are diagnostic imaging and endoscopy services safe?

Good

Mandatory training

- Mandatory training was provided in key skills to all staff. However not all medical and nursing endoscopists had fully completed the required level of training required by the service at the time of our inspection.
- Staff completed mandatory training, endoscopy induction competencies and training in specific areas such as the admission, decontamination and discharge rooms. Staff had access to an electronic learning platform where they completed their mandatory e-learning alongside face to face sessions such as manual handling.
- The were13 members of employed nursing and administrative staff, eight of which had fully completed all their training and three of which had completed 97% of their training. Only two members of staff were below the 95% target, one at 86% completion and one other had only recently started in the unit.
- Nine medical and nursing endoscopists were engaged via a mixture of practising privileges and employment contracts. However, none of the mandatory training topics had been completed to the services required compliance percentage. Customer care compliance mandatory training had only been completed by 40% of staff, basic life support by 90% of staff, safeguarding adults and children by 80% of staff and fire safety by 70% of staff at the time of our inspection. This was not in line with the InHealth compliance training policy which states mandatory training as a training requirement that has been determined by InHealth as necessary to perform a role and is generally concerned with minimising risk, providing assurance against policies and ensuring the company meets external standards.

Safeguarding

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Except for a new starter, all nursing and administrative staff had completed their level two children's safeguarding and level one and two adult safeguarding. However, only 80% of medical and nursing endoscopists had completed their safeguarding adults and children's training.
- The service performed safety checks on all new employees as outlined in an in-date version controlled InHealth Safeguarding policy. This included confirmation of identity, enhanced and standard Disclosure and Barring Service (DBS) checks, reference checks and employment history.
- The director of clinical quality for InHealth was the named lead for safeguarding and trained to level four. Staff knew who the safeguarding lead was and how to contact them. There were no plans for the area manager to complete safeguarding level three as this was a non-clinical role and this was in line with Safeguarding Children and Young People: Roles and Competencies for Health Care Staff, intercollegiate document (2014).

Good

Endoscopy

Cleanliness, infection control and hygiene

- The risk of infection was controlled well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- We observed staff adhering to best practice in the management and decontamination of endoscopes in line with Health Technical Memorandum 01-06: Decontamination of flexible endoscopes (2016). We observed staff manually cleaning scopes immediately after completion of the procedure, this was followed with a manual brush clean. There was a clear flow of dirty to clean instrumentation within the decontamination area.
- Staff had access to suitable sinks for manual cleaning of endoscopes. All scopes were then processed in a central washer within three hours in line with best practice. Used scopes were recorded in a log book with a time, date and patient NHS number and scope use date. A label with this information was added in to the patient record to complete the tracking cycle.
- We saw evidence of daily and weekly testing reports to the NHS guidance HTM 01.06 (WHTM 01.06/V2.0 Compliant Endoscope Decontamination Unit) BS EN 15883 parts 1,2, and 4 BS ENISO 14971:2007. Medical devices and test reports were validated by an independent authorising engineer in decontamination.
- All cleaning agents used during the decontamination process were kept in line with Control of Substances Hazardous to Health (COSHH) Regulations 2002, in a locked cupboard in the decontamination room.
- There were systems to ensure and record the maintenance of water quality. The service rented the space within the building and were assured of its integrity by weekly meetings with an onsite estates/ facilities manager. The facilities manager was responsible for organising and actioning checks of services such as the domestic water services including temperature and legionella checks and hot water tank checks. We saw the most up to date checks which had been completed all of which passed.
- Staff decontaminated their hands in line with the World Health Organisations five moments for hand hygiene and NICE guidance (QS 61 statement three). This standard states people should receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. All the patients we spoke with told us they saw staff decontaminate their hands before and after patient contact. Hand hygiene audits were completed monthly to monitor compliance.
- Staff followed national guidance for the use of PPE such as gloves, aprons and visors when carrying out manual cleaning of the endoscopes. Staff removed all PPE and washed their hands before leaving the decontamination room and entering the clean room.
- The service had cleaning task lists to ensure all areas were cleaned at the end of the day. We saw end of the day cleaning task lists which were completed for the whole of the month so far.

Environment and equipment

- The service had suitable premises and equipment and looked after them well. The service had systems to ensure access to certain areas were restricted. Access to the unit was through a door which was monitored by reception staff. The waiting area was situated in the health centre area and the endoscopy unit was clearly sign posted. Patients would attend the desk, sit in the waiting room and wait to be called in to the unit though a restricted access. Treatment was not provided for children under the age of 18.
- The service had systems which ensured and recorded the maintenance and quality of equipment. The facilities manager was responsible for organising and actioning checks of services such as the electronic condition reports, microbiology analysis, fire risk assessments and daily checks of the site. We saw reports provided to the service that these checks and others had been successfully completed.
- The service had an asset log which tracked all items of equipment which were under contract with a third party. InHealth held contracts with third parties for the maintenance of electro-mechanical equipment such as blood pressure machines, resuscitation equipment, suction units, scopes and diathermy units. Items had Planned Preventive Maintenance (PPM) or services scheduled for once or twice a year. Whilst the service asset register identified which third party was

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

- The unit has responsibility for the Portable Appliance Testing (PAT) testing and servicing of its own equipment. We reviewed four items of portable equipment and all had an in-date PAT test.
- The tracking and tracing of used endoscopes was in line with best practice. Every cleaned scope had a printout attached to it and when used this would be added into the patient's records, and then scanned into the electronic notes. The service completed scope tracking audit every six months.
- The air handling unit was checked and serviced the week after our inspection. The unit was performing to the required standards, we were provided with a copy of the report which showed a pass.
- We saw the drying cabinet had checks completed daily when the service was open. These were signed and dated for the month so far. We reviewed the service record and saw how these were completed six monthly.
- There was a clear flow of dirty to clean instrumentation within the decontamination area. Used scopes were transported through a hatch from the endoscopy suite into the washers and then placed into a trolley and transported to the drying cabinet in a separate room.
- The service undertook assessments of their activities in line with the Control of Substances Hazardous to Health Regulations 2002 (COSHH). We observed the service folder and saw how substances which were used for cleaning scopes were reviewed.
- Resuscitation equipment was readily available, checked daily and stored in the recovery area, whilst this was not a locked/sealed unit it was in an area which was constantly occupied by a trained member of staff. Medications for emergency use were stored in a sealed container which was tamper evident, all medications were in date. Each area had access to oxygen and there were portable suction units to hand within the recovery bay.
- The service told us that although equipment was regularly serviced the decontamination washer unit broke down 54 times over the reporting period resulting in cancellations. The service had a mitigation strategy and accessed a portable unit supplied by InHealth. Scopes were transported to another unit vacuum packed and in a lockable trolley. During the week of our inspection a new unit had opened with the plan that the decontamination unit would be de-commissioned and all scopes would be transported to the new unit.
- Staff handled, stored and removed clinical waste in line with national guidance, Health Technical Memorandum: HMT07-01 (2013).

Assessing and responding to patient risk

- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service assessed the fitness of patients to undergo an endoscopy to ensure patient safety and identify any risks of avoidable harm. Triage of patients started during the initial consultation by a patient's GP. These assessments identified which patients were suitable and safe for community endoscopy services.
- Prior to any procedures, staff ascertained what medication patients took. For certain medications patients would be advised when to stop taking them, such as diabetic medications and advised on what to do to maintain a safe blood sugar. For those patients who were taking blood thinning medications, guidelines were included in the pre-procedure packs to advise when to have their blood levels checked and who to notify with the results. The pre-procedure information packs asked patients if they had ever been advised they were are at risk of Variant Creutzfeldt-Jakob disease in line with Annex F,Transmissible Spongiform Encephalopathy (TSE) guidance.
- Staff attended a 'huddle' at the start of each clinic to discuss the procedure list, identify any risks to their patients, any issues with equipment and if so what the contingency plans would be.
- Arrangements to recognise and manage risks to patients were in line with national guidance. Staff

monitored patients during their procedures and recorded vital observations. We observed patients having their blood pressure, heart rate and oxygen saturation monitored throughout and after the procedure. If a patient deteriorated staff told us they would phone for an ambulance in the interim they had a resuscitation trolley, oxygen and suction and were trained to provide basic life support. This was in line with the service's resuscitation policy, which was in-date and version controlled. Staff underwent training in monitoring patients during endoscopic procedures, at the time of our inspection all relevant staff had completed this training with exception of a new starter.

- The service recognised for some patients, examinations were only possible using sedation and/or analgesia and they adhered to safe sedation guidelines. The service ensured sedation was given with age and comorbidities in mind, andwith appropriate monitoring. The patient's pre-procedure instruction notes, explained what would happen if sedation was required. If a patient opted for sedation they were contacted at home three days prior to admission to discuss the procedure and that they will need someone to take them home. The pre-procedure information stated they would be required to give a name and phone number to staff of who was collecting the patient and to expect to be at the clinic for at least two to three hours to recover.
- The service kept sedative reversal medications and oxygen in case of an emergency. Staff told us that should an incident of over sedation occur which required a reversing agent to be administered, then this would be recorded and investigated.
- There was an Emergency Procedure flow sheet in the recovery area, available for nurses to call an ambulance with guidance on providing information for the emergency and ambulance team.
- In the case of an emergency, the service had a local continuity business plan for staff to refer to, providing advice and relevant contact details. Examples include loss of vital services or staff or failure or breakdown of equipment. We reviewed this document and saw it was in-date and version controlled.
- In the event of the unexpected reduction in staff due to sickness staff told us they would consult the workforce policy, which outlined reduced safe staffing ratios and what risk assessments needed to be completed to ensure a safe service could run.
- In line with British Society of Gastroenterology Quality and Safety Indicators for Endoscopy and the World Health Organisations (WHO), staff completed a surgical safety checklist. We observed three procedures where this was performed prior to the start and on completion of every procedure. This included the number of histological samples taken, a check of the correct labelling and follow up arrangements and advice.

Nurse staffing

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- InHealth used a safe staffing calculator to ensure the correct mix of staff could be planned in relation to the size and type of lists that they ran. This ensured that the right amount of staff could be planned in advance as the numbers required per shift were not always the same.
- The service had nursing vacancies, but worked hard to ensure there were always enough nursing staff on every shift. The service had an average of 33% vacancy rate for band 5 registered nurses and Health Care Support Workers and were recruiting two full time registered nurses and two fulltime health care support workers to achieve their staffing levels.
- Due to these vacancies agency was regularly used to cover shifts, as recruitment was a challenge. We spoke with the senior management team who recognised the importance of consistent staff when they could not access their own bank staff. The service had a preferred supplier agreement with an approved organisation, which was required to provide evidence of employment checks, disclosure and barring service (DBS) and references as part of the agreement.
- Agency staff who worked for the service completed a local induction. This included passwords, the

company's vision and values, health and safety policies, fire safety and evacuation. We reviewed two checklists and where relevant saw how these had been fully completed.

Medical staffing

- The service had enough medical and nurse endoscopists on every shift, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Endoscopies were performed by four medical and three nurse endoscopists under a practising privilege arrangement. The service kept an up to date spreadsheet which identified what training had been completed, when appraisals were completed, indemnity arrangements and renewal dates. The service had an in-date version controlled practising privileges policy which outlined the responsibilities that staff managing and working in the service should adhere to.
- Appraisals and fitness to practice were discussed at corporate level and evidenced in the monthly governance report to the executive teams for InHealth.
- In line with JAG and the British Society of Gastroenterology Quality and Safety Indicators for endoscopy the number of procedures endoscopists completed were monitored. Endoscopists were to complete over a 100 in a year, this was monitored by the medical director who reviewed this information yearly at the clinical leads meeting.

Records

- Staff kept detailed records of patients' care and treatment. Records were easily available to all staff providing care post procedure. However, on the day of our inspection these were not always clearly legible or fully completed by nursing staff.
- We reviewed three sets of patient records and found sections where not all areas were fully completed and signed by the nursing staff. Information missing included the name of the patient's GP, the next of kin and the type of procedure on the nursing records.
- However, whilst information was available in other areas of the patient record, the issue was staff had not completed the paperwork to the level the service required in order to achieve a full and contemporaneous record. The standard of record keeping was therefore not consistently in line with the NMC's professional record keeping guidance or InHealth's requirements. The service audited the quality of scanning but not the quality of the documentation.
- Handwritten notes were scanned after every episode of care and then shredded. GP summaries were sent electronically or if unable to do so they were sent by post. Notes were kept confidentially at all times and we did not see any notes left unattended. Notes in the sub-wait area were kept in a concealed box whilst the patient waited for their procedure. The reception area where notes were kept after the patient was discharged had a glass window and lockable door to reduce access.
- Endoscopists used an electronic reporting system, which included providing GPs with patient reports as well as tracking and tracing purposes regarding decontamination.

Medicines

- The service followed best practice when prescribing, recording and storing medicines. Patients received the right medication, the right dose at the right time.
- Management and oversight of all aspects of medicines management was overseen at provider level by a multi-disciplinary 'Medicines Management Group', which met on a quarterly basis. Organisational pharmacist support and guidance was provided by InHealth's retained pharmacy advisor, Consultant Pharmacist, who was available for specialist pharmacy advice and guidance.
- We reviewed the meeting minutes for the quarterly meeting and saw how safety alerts, adverse events and incidents were reviewed and action identified. The minutes also included patient group directives (PGD) updates, controlled drugs (CD) management and policy and document reviews.
- The service used a small number of controlled drugs and stored them safely. We saw all drugs in the controlled drug (CD) cupboard were in date, checked daily and signed for. The CD record book and order book were locked away when not in use.

- Medications requiring refrigeration were stored in a locked fridge. We reviewed these and although limited in number, were all in date. The temperature of the fridge was checked and recorded daily with a minimum and maximum temperature and advice and action log if the temperature fell out of range.
- The service had a patient group directives (PGD) folder which we reviewed. This consisted of entonox, oxygen and phosphate enema administration. We reviewed these PGD's and found that entonox and oxygen had not been signed off by a manager. Therefore, we were not sure if there was oversight of who had an up to date PGD. However, we saw that the medicines management group had discussed a centralised storage of electronic signatures in the future, this would ensure a better oversight.

Incidents

- Patient safety incidents were managed well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- During the reporting period there were no never events or serious incidents.
- The service had a positive attitude to the reporting of incidents. We reviewed the governance meeting minutes for quarter two 2017-2018 which discussed an improvement in the reporting of incidents. This did not signify an increase in severity but an increase in reporting minor incidents which demonstrated an improved reporting awareness by staff. For the period of April 2018 to June 2018, 13 incidents were reported. The themes identified were decontamination /endoscope incidents, booking incidents, clinical pathway incidents, staffing incidents and one stock level incident.
- Staff told us that any information and learning relating to incidents was cascaded down through the daily safety huddle, emails and the recently introduced monthly newsletter.
- Bi-annual adverse events were reported to the Quality Circle Meeting (QCM) and quarterly to the commissioners. All incidents and incident themes were reported monthly to the executive teams and board. The minutes from the quarterly report identified actions to be taken, however we could not see who these actions were allocated to and there were no time frames for completion.
- The service monitored any incidences when the Duty of Candour was implemented of which there were none during the reporting period. As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a health service body must notify the relevant person that the incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology.

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

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

Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. Reviews of guidelines were documented in the bi-annual quality circle meeting and unit meeting minutes.
- Staff followed National Institute for Health and Care Excellence (NICE) guidelines and quality standards of the British Society of Gastroenterology (BSG) for those patients who were diabetic or had clotting conditions and took blood thinning therapy.
- Patients were offered non-urgent gastroscopy in line with national guidance from the National Institute for Care and Excellence (NICE): QS 96 Dyspepsia and gastro-oesophageal reflux disease in adults (2015).
- The service had received Joint Advisory Group (JAG) accreditation in 2014 and we saw how they complied with JAG accreditation in, for example aftercare. The service provided information for patients on discharge about how and when to seek help if they felt unwell following the procedure, which was in line with JAG

clinical quality domain (QP6). This information included symptoms that may be experienced as well as information about symptoms that would require urgent medical assistance.

- Staff had regards to the Mental Health Act 1983 (MHA) and gave examples of how they would refer patients to their GP should they have concerns for their mental health or their capacity

Improving learning from audit

Nutrition and hydration

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

Pain relief

- Staff assessed and monitored patients regularly to see if they were in pain. We observed how staff asked if patients were comfortable throughout their procedure and documented their response.
- Patients could access different types of pain control for colonoscopies such as medical gas (Nitrous gas and oxygen), sedation and a pain relieving injection. Patients having a gastroscopy were given an anaesthetic throat spray to numb the throat and reduce discomfort during the procedure. Information was sent to patients prior to their procedure, which explained the various analgesic options their side effects and potential risks to sedation and medical gasses.
- The service audited comfort scores at the time of our inspection alongside its reporting data, as part of JAG global recording systems (GRS) data. Results were collated and individual performance was then discussed with the endoscopists.
- The service had an audit calendar which included scanning of patient notes, daily huddle completion, fridge and resus trolley checks, audits of controlled drugs and environmental cleanliness. We reviewed audit results from September 2018 and saw how they had all been completed. The audit schedule tracked all completed audits, and these were collated centrally and reviewed by the clinical sub-committee and reported to risk and governance committee.

Patient outcomes

- Managers monitored the effectiveness of care and treatment and used findings to improve them. The intended outcomes overall were being achieved.
- As the service had achieved Joint Advisory Group (JAG) accreditation in 2014, endoscopy outcomes / key performance indictors and individual endoscopist's outcomes were audited on a quarterly basis using the Global Rating Scale (GRS) as identified by JAG. The principal purpose of GRS was to improve the quality of patient care across a range of measures based on clinical quality and patient experience.
- All endoscopists' individual figures were above the expected standard. The GRS data for year was submitted during inspection and showed,
  - Caecal Completion Rate: 95% (95%)
  - Polyp Detection Rate: 24% (target 15%)
  - Adenoma Detection Rate: 19.02% (target 15%)
  - Polyp Recovery Rate: 100% (target 90%)
  - Gastric Ulcer Follow up: 100%
  - Withdrawal times colonoscopy: 12.76 minutes (Aspirational time is ten minutes for negative procedures)

Competent staff

- Managers ensured staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor their effectiveness.
- Individual Endoscopist outcomes were monitored alongside the JAG, Global Rating Scale (GRS) on a quarterly basis and these results were discussed during appraisals, GRS results were also discussed during the governance meetings as a standard agenda item. During the time of our inspection all performance was above the expected standard
- Nursing staff had competencies folders, which included roles specific to gastro-intestinal nursing

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

- In the event of staff shortages, the service used a dedicated agency and agency nurses. Agency nurses were required to complete an induction checklist, which included orientation to the unit, patient flow, staff facilities, resuscitation and emergency equipment, fire exits, meeting point, location of extinguishers, and introduction to the staff on duty that day. They would be invited to join the daily safety briefing, would be assigned to a supervisor on the day and allocated to a specific area.
- Staff received training in the decontamination of endoscopes (END21) and procedures within the decontamination room. At the time of our inspection, nine out of eleven staff had completed this training. We were told agency staff did not work in the decontamination room.
- All staff received training in Control of Substances Hazardous to Health (COSHH) during their health and safety training. At the time of our inspection, all nursing and administrative staff had completed their health and safety training and seven out of the nine endoscopists had completed their training.
- Nine medical and nurse endoscopists worked at the unit, eight of which had an up to date appraisal at the time of our inspection. During this appraisal and monitoring of GRS data assurances were obtained that endoscopists only completed procedures they were skilled to undertake and had completed the recommended 100 and above procedures per year.
- Staff survey results highlighted that some areas felt there was little carer progression and senior managers recognised this as an issue relating to staff retention. They were commencing a new band four assistant practitioners post, as they recognised how important it was to invest in their own staff.
- The company had an InHealth practising privileges policy, which was in date and version controlled. The InHealth clinical quality team in line with policy (corporate level) maintained the records of all endoscopists and this included references, and disclosure and barring checks (DBS).

Multidisciplinary working

- Staff from different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service had contracts with two local pathology laboratories for the processing of all their samples. Results were sent to individual endoscopists to review and a copy was also sent to the GP and the patient. If there were any concerns identified then a referral would be made to the patient's NHS trust for ongoing discussion and treatment
- We reviewed three sets of records and saw communications from GPs which included referrals and past medical history. Once a procedure had been completed then the discharge letter was sent electronically to the GP surgery.
- The service audited 25 patients twice a year to ensure results were received and then sent on within a specific time frame. We reviewed October 2017 results and all 25 patients had their results either onward referred or closed within a five-day period.
- The service had an in-date, version controlled policy to assist in the onward referral and consent for data sharing.

Seven-day services

- The service offered clinics seven days a week. Regular discussions were held with the local commissioning groups to monitor contracts and waiting lists.

Health promotion

- We did not observe if national priorities to improve the populations health were supported through offering advice in relation to obesity, smoking cessation as this was not relevant during the patient interactions, we witnessed. However, staff told us they would advise patients to visit their GP should they require smoking cessation help.

Good

Endoscopy

Consent and Mental Capacity Act (Deprivation of Liberty Safeguards only apply to patients receiving care in a hospital or a care home)

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and could explain the importance of informed consent.
- Information and consent forms were sent through the post, before the procedure, which was a practical way of ensuring that patients had enough time to read and consider the required information. This was outlined in the General Medical Council's document 'Consent guidance: legal framework'and BSG's 'Guidance for obtaining valid consent for elective endoscopic procedures.
- Staff told us that if there were any issues regarding a patient's capacity to consent then the decision would be made by the GP at referral. If, for some reason a patient attended the unit without having capacity then staff told us they would refer the patient back to the GP. Staff told us this had never happened.
- Specific training for registered nurses was provided on consent as part of staff induction competencies. At the time of our inspection, 100% of nurses had completed this training.
- We reviewed three sets of patient records and saw all consent had been fully signed and completed.
- However, we observed one episode of admission when it was unclear to us and the patient if they were having sedation. This had not been fully explained to the patient during the appointment and meant the patient was going forward with the procedure and was not fully informed. We raised this with the service at the time of our inspection and were shown updated paper work which was in the process of being implemented to better explain this. We were provided with an action plan regarding staff observation and training in discussing sedation with patients.

Are diagnostic imaging and endoscopy services caring?

Good

Compassionate care

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- This service gathered patent feedback in a variety of ways. We observed how patients were given feedback comment cards in recovery prior to discharge. The annual patient survey results for 2018 showed that 93% of patients found the service to be excellent, 31% very good, 6% found it to be good, there were no reported findings of fair or poor.
- During our inspection we observed how staff interacted compassionately with patients who were treated with dignity and respect. Staff introduced themselves and asked patients how they liked to be addressed.
- In the clinical area, patient's privacy and dignity was maintained with the use of sub-waiting rooms where patients changed into dignity shorts for lower gastro-intestinal procedures. The recovery bay consisted of four separate bays and toilet facilities that enabled male and females to be segregated. The annual survey for 2018, showed 85 out of 86 patients felt that their privacy and dignity had been respected.

Emotional support

- Staff provided emotional support to patients to minimise their distress. Patients fed back to us that 'Everyone was so lovely' and 'helped reduce their anxiety during the procedure'. Patient surveys included comments such as 'I was very nervous but I felt so at ease with the kind words given to me'.
- During endoscopy procedures staff were supportive and thoughtful and asked how comfortable the patient was, they updated the patient with what was happening and how long until the procedure would finish.

Good

Endoscopy

Understanding and involvement of patients and those close to them

- Staff involved patients and those close to them in decisions about their care and treatment.
- In line with NICE QS15 statement five, patients were mainly supported by staff to understand relevant treatment options and discuss their health beliefs and concerns.

Are diagnostic imaging and endoscopy services responsive to people's needs? (for example, to feedback?)

Requires improvement

Service delivery to meet the needs of local people

- The services reflected the needs of the local population as contracts with the local commissioning groups were in place to reduce waiting lists for endoscopy services. The service told us that referral volumes were higher than those anticipated at the point of commissioning therefore targets were not always achieved.
- In April 2018, the service commenced a new contract with one of the local Clinical Commissioning Groups (CCG) to deliver both routine and urgent suspected cancer two week wait direct access endoscopy. The service was working to see patients with suspected cancer within 10 days (instead of 14 days). Appointments were offered up to seven days a week, as InHealth worked to reduce waiting lists and a new unit was commissioned and built, opening the week of our inspection.
- Information was provided prior to any procedure in the form of comprehensive information booklets which included fasting details, information about specific medications. If patients required bowel preparation prior to their procedure they were sent a pack with instructions and this was followed up with a phone call completed by a trained nurse who would be able to answer any questions. All patients received a text message reminding them of their appointment time and location.
- Overall the premises were appropriate for the service it delivered. The access was at ground level, parking was on site and there were spacious waiting areas in the health centre. Disabled toilets were available; however, the facility did not cater for patients who required hoist transfers.

Meeting people's individual needs

- The service took account of patients' individual needs. Patients were offered services that were tailored to their needs in line with National Institute for Health and Care Excellence (NICE) QS15 Statement 9. For those patients who were living with diabetic conditions they were offered the first appointment in the morning, to reduce any impact fasting may have on their blood sugar control. For those patients who required interpretation services, extra time was allocated to allow the language line to be used during the admission process. Staff told us large print or braille patient information could be accessed when required, however the unit did not have a hearing loop.
- There were processes and systems in place to monitor, review and optimise patient comfort levels. We saw how staff checked on patient's comfort levels throughout the procedure. There were several options for sedation and pain control offered to patients prior to their procedures. Patients were also asked about their comfort levels during the patient satisfaction survey. The service was JAG accredited and pain control and patient's perception of pain was monitored as part of the individual endoscopists' performance.
- Patients received pre-procedure information, which explained how they would receive results on the day. We observed how these were given and how further follow up appointments were communicated to patients.
- The service did have to break bad news to patients. However, the unit did not have a dedicated room to break bad news and told us that they would use the room which housed a noisy drying cabinet.

Access and flow

Good

Endoscopy

- People could not always access the service when they needed it. Waiting times from referral to test (RTT) were not always achieved.
- From August 2017-2018, only five out of 12 months RTT six week wait standard had been met. For urgent two-week (ten day) RTT wait over the months of April 2018 to August 2018, three out of the five months times were met.
- The most updated information provided showed that waiting lists were not reducing. During November 458 patients were on the waiting list and broken down were:

Routine

- New referrals – 253
- Follow up referrals – 59
- Surveillance referrals– 13

Two weeks wait

- New referrals – 127
- Follow up referrals – 6
- However, the service worked hard to try and reduce waiting times. There were weekly capacity and demand meeting where waiting times, activity and refer to test (RTT) performance were monitored. Fortnightly meetings were held with the clinical commissioning groups to discuss waiting lists and capacity of clinic.
- Due to the significant demand on the available capacity for two-week appointment slots, InHealth staffed the unit to run seven days per week, implemented three session days. In response to demand the provider had acted and opened a new second endoscopy unit. This new unit opened the week of our inspection and it was hoped this would increase capacity and reduce waiting lists drastically.
- The service shared with us its predicted forecast figures of suspected upper and lower gastro-intestinal (GI) patients who would be seen on an average within 11 days. This was only slightly above the target agreed with the local commissioners of ten days. For those patients who were waiting for routine appointments were likely to exceed national targets of 46 days for upper GI and 45 days for lower GI referrals.
- Appointments were only delayed when necessary. Over the reporting period of August 2017 to August 2018, out of 3209 procedures only 54 were cancelled, 50 of which were cancelled due to equipment issues. This represented 1.6% of total procedures.
- The service had processes and systems in place to book and schedule patients. The service told us that although their system automatically allocated patients in date order, their triage system could prioritise bookings in cases of clinical urgency.
- The service monitored those patients who did not attend (DNA) for their appointment and reported these figures to the clinical commissioning groups that they held contracts with. We saw an extract from a contact with the local CCG which stated what should be done in cases of routine and urgent (cancer) DNA.

Learning from complaints and concerns

- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff. Over the reporting period of August 2017 to August 2018, 801 compliments were received and only 2 official complaints, one of which was upheld.
- There were contact details included within patient information packs displayed in the reception if patients wanted to make a complaint.

Are diagnostic imaging and endoscopy services well-led?

Good

Leadership

- Managers at all levels had the right skills and abilities to run a service providing high-quality sustainable care. The location had recently undergone a period of change to its senior staffing and senior roles. The original nursing unit manager who was clinically hands on had left and had been replaced by a non-clinical area service manager, two months prior to our inspection. During this interim period the regional operations manager (experienced healthcare

manager) had temporarily taken on the registered manager role and was supporting the unit and staff until the new regional area manager could complete their application process.

- The service had a clinical GP lead but no dedicated clinical nurse leadership, except two deputy sisters. Whilst this was not in line with the JAG GRS which identified that the leadership team should include nursing managerial roles, the team worked well to ensure staffing levels were safe and regularly reviewed.
- Staff told us that whilst there had been a lot of change, senior members of the team were available, approachable and supportive throughout all the changes and they felt that the team was beginning to settle down.
- Leaders ensured employees who were involved in the invasive procedures were educated in good safety practice. We witnessed how staff used the World Health Organisation's (WHO) surgical safety checklist to maintain safe and consistent services. However, whilst we saw how well this was completed in practice the documentation of this practice was poor, nor was performance audited. This was fed back at the time of our inspection and plans to improve standards were shared with us.
- Although there had been a flux and change in management, leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. The service had recently opened a new unit to try and reduce waiting times for the local population.

Vision and strategy

- The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.
- Senior staff told us that InHealth's values were passion, care, trust and fresh-thinking and to be the most valued and preferred provider by patients. These values were evident across the InHealth website and were displayed in the unit.
- InHealth had a corporate Clinical Quality Strategy 2016-19 which set out the mission and key priorities for the next three years. The strategy was aligned to local plans with the needs of the relevant population. A recent expansion of services had been completed to reduce waiting lists and offer more appointments to the local population.

Culture

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Although there had been a recent change in management, staff told us they felt supported by senior managers, this was reflected in the atmosphere and communications we observed.
- The service recognised that investing in their own staff career development was a positive step forward both for career progression and staff retention. Health care support workers were being encouraged to consider training as an assistant practitioner.
- Staff did not have training on the duty of candour, however could tell us this involved being open and honest when things went wrong. They told us this would involve writing to patients, an investigation and a potential apology, but could not give any examples of having to do this. Duty of candour events were monitored and reported at corporate level, however, none were reported during the reporting period.
- There were processes and a structure in place to support staff in addressing behaviour inconsistent with InHealth vision and values. Managers at site level had access to human resources that would assist with performance management issues. During the time of our inspection, no staff were being performance managed.

Governance

- InHealth systematically improved service quality and safeguarded high standards of care by creating an environment for clinical care to flourish.
- There was a defined communications structure and processes to support the organisation and delivery of their service. There was a clear framework/policy at corporate level which identified what information should be collected, reported and shared to all areas. Information was gathered and discussed at the monthly clinical governance meeting which was presented to the executive teams at corporate level.

This report included overview of the whole of the InHealth services, and included clinical performance monitoring, incidents by modality, risks and friends and family feedback.

- Relevant information at location level was then discussed at the Bi annual governance meetings (Quality Circle meetings) which engaged all staff in the unit. We reviewed minutes from these meetings which included actions from previous meetings and a standardised agenda including reviews of guidelines and patient information, Global Rating System (GRS) reviews and audits, adverse event and complaints. The unit staff also met monthly and reported on decontamination, nursing and administrative issues, complaints and performance and patient survey feedback.
- We saw a comprehensive annual audit schedule which included infection control, controlled drugs, peripheral intravenous cannula care, and decontamination audits. This also included annual reports of Global Rating System and BSG safety outcomes.
- Whilst there was no dedicated decontamination lead, the service had a good oversight on any decontamination issues, reported monthly on washer disinfection and completed a twice-yearly decontamination audit. Any issues were discussed at the monthly meetings as a standard agenda item.
- Governance processes were in place to review and monitor information that was required for endoscopists working under practicing privileges. In line with Schedule 3 of the HSCA 2008 (Regulated Activities) Regulations 2014 and InHealth's practicing privileges policy, checks were completed on for example proof of identity, qualifications and employment history. The service had oversight of all indemnity arrangements, we reviewed the electronic record and saw how all were in date.
- The service was JAG accredited and reported via the GRS the number and type of procedures each endoscopist completed. JAG stipulated that these should be above 100 procedures per year. An electronic record was kept of the number and type of procedures carried out by individual endoscopists.
- We reviewed 11 policies which were kept on the company's intranet, all were in date and version controlled. We reviewed 12 policies which were kept in a policy folder in the unit four of which were out of date. However, these policies were not the most recent which were held on InHealth's intranet. Although staff told us they would access policies via the intranet, they would use paper copies for ease. This meant there was the possibility staff would access out of date policies if they were to hand.
- However, at the time of our inspection, compliance with the WHO surgical safety checklist was not audited. Whilst we observed practice was safe and no incidents had been reported, leaders did not have oversight practice was consistently kept to the required standard. Auditing this process would have highlighted that staff documentation that the checklist was completed was poor. Since our inspection the service have told us that audits of the WHO surgical safety checklist would commence.

Managing risks, issues and performance

- The service had systems to identify risks, which included plans to eliminate or reduce them and cope with both the expected and unexpected. There was good oversight and ownership of risks at corporate and senior location level, however this did not always follow through for all staff.
- There was an in-date Risk Management Policy which provided guidance and a systematic process to methodically identify, analyse, evaluate, reduce, monitor and communicate risks in every aspect of the business.
- InHealth had three risk registers, corporate, functional and a locational level register where risks were added and reviewed in line with InHealth's risk management policy. Risks were discussed at quarterly risk and governance committee, clinical quality sub-committee, medicines management group, water safety group, radiation protection group, radiology reporting group. At a corporate level, local risks and incidents were reviewed and monitored at the Complaints, Litigation, Incidents and Compliments Group.

- InHealth had a business continuity plan which covered actions to take in the event of technical and IT failures and issues with decontamination services and staffing.
- We reviewed the local risk register, which divided risks into areas such as operational, information governance and health and safety and reflected expected and unexpected risks. There were nine open risks on the register all of which were in date of their next review, had control measures in place, a description of when actions were to be taken and by whom.
- Risks were not discussed as a standardised agenda item at local monthly meetings therefore it was unclear how all local staff would be aware of what the local risks were.

Managing information

- Information was collected, analysed, managed well to support activities, using secure electronic systems with security safeguards.
- Records were scanned and stored electronically, in line with British Society of Gastroenterology and Joint Advisory Group (JAG) accreditation standards. Electronic records were created at booking. Once the procedure was completed and all reports and clinical records loaded into the electronic system, an email was automatically generated to the patients GP with a copy of the report. Paper records were then shredded.
- Staff received training on the local electronic records system and at the time of our inspection all staff except one new starter had completed their training. Staff had training on information governance, at the time of our inspection 11 out of 13 staff had completed their training.
- Patients were informed of how their data would be handled and stored and added to the diagnostic imaging dataset (DID) which holds information on imaging and test scans on NHS patients. Information was provided on how patients could opt out of the DID at the point of admission or after their procedure.

Engagement

- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Patient feedback was gathered in a variety of ways. We observed how patients were given feedback comment cards in recovery prior to discharge, which included a free text area and the NHS Friends and Family Test. Information was also gathered during the annual endoscopy patient survey which included questions mandated by JAG on pain score and other areas relevant to an endoscopy service. The information was then sent for collation and analysis by an external company and results communicated via the intranet.
- Negative and positive comments were reported by the patient survey. Whilst the negative comments were not treated as official complaints they were still investigated and actions taken when necessary.
- Friends and family feedback, complaints and compliments were discussed with commissioners during monitoring meetings. Complaints were analysed and responses documented in the meeting minutes.
- The patient satisfaction survey results were included in the monthly clinical governance report. Included in the report were how many returns were received.

Learning, continuous improvement and innovation

- The service was committed to improving by learning from when things went well or wrong, promoting training, research and innovation.
- InHealth Endoscopy Units offer Trans nasal oesophago-gastro-duodenoscopy(OGD) which greatly improves patient tolerance and comfort during the procedure. It also gives patients the opportunity to talk and swallow more naturally, therefore helping to reduce anxiety levels.
- In response to increased demand InHealth had opened another unit, to provide endoscopy services to local people.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

Action the provider SHOULD take to improve

- The service should ensure all medical and nursing endoscopists have completed their mandatory training
- The service should ensure it monitors that the WHO surgical safety checklist is being fully completed.
- The service should review the need for senior nursing management at location level.
- The service should include risk in location level meetings as part of the agenda.
- The service should improve completion of all elements of the patient record and consider auditing standards of record keeping.
- The service should consider having a dedicated room for breaking bad news.
- Staff should ensure the option to receive sedation or not, is fully explained to patients during the admission process. Staff should confirm patients have understood these options and the implication of their choice, prior to proceeding with the intended procedure.
- The service should continue to reduce waiting times for endoscopy services.