

Alimentary Solutions Limited

# Alimentary Solutions Limited Royal Preston Hospital

## Inspection report

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Date of inspection visit: 23 April 2023  
Date of publication: 12/06/2023

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

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 rated 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. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, 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

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- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, 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 Solutions Limited Royal Preston Hospital

The service provides an endoscopy service to a national screening programme on behalf of an acute trust for adults only. It is managed by 2 managing directors who are both medical consultants. The lead consultant is an endoscopist who works for the acute trust in the northwest of England. All patients are booked into the service by the screening programme and the service operates at weekends and uses the trust endoscopy unit and equipment. All staff who work for the service have substantive posts in NHS hospitals

There is a registered manager and a nominated individual.

The regulated activities for the service are: -

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

The service had not been inspected before.

## How we carried out this inspection

We inspected this service, and this was a short, announced inspection. This was because we needed to know when the service was seeing patients as it does not run every weekend. We observed the morning handover and followed 2 patients through their journey from admission to the unit to their discharge including their procedures. We spoke with another 2 patients. We spoke with 4 nurses, 2 health care assistants, a consultant endoscopist and the lead consultant for the service.

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

## Outstanding practice

- The use of the procedure sheet to ensure that all patient outcomes were documented and would be followed up.. This meant that patients did not get lost to follow up.

## Areas for improvement

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

# 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 inspected 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. All staff who worked in the service had a substantive post in the NHS and completed their mandatory training in their employing trust.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were notified a month before their mandatory training was due so that they could complete it in a timely way.

Mandatory training levels were at 90%. The target set by the service was 90%.

The training requirements for the service 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.

All staff who worked for this service also worked in an NHS trust. They completed the learning disabilities and autism training as part of their trust mandatory training.

### 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 at least level 2 for safeguarding for adults and children and young people.

Staff were aware of contact numbers and procedures for the trust 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 and by the trusts where they worked.

## 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 endoscopy unit used by the service was one of the hospital trust endoscopy units. All areas were visibly clean and tidy.

We saw that there were cleaning records on the walls in each area. These cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed that staff washed their hands, and all were bare below the elbow.

The staff in the decontamination areas wore appropriate PPE when cleaning and decontaminating the used scopes ready for the next patients. Scopes were immediately cleaned by the decontamination nurse following the procedure in the procedure room. The scopes were then taken into the decontamination room for further cleaning and decontamination.

If the decontamination staff were employed by a different provider in their substantive post, they received training in the decontamination procedures for the unit. They were trained and shadowed until their competencies had been signed off. This was because decontamination procedures were not standardised across all trusts.

We saw that the staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw that there were “I am clean stickers” on equipment.

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 daily, weekly, quarterly, and annual water tests in line with NHS guidance which were carried out by the trust.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The design of the environment followed national guidance. The service was accredited by the Joint Advisory Group (JAG) on gastrointestinal endoscopy.

We saw that there were separate changing areas and toilets for male and female patients being admitted to the unit. There were separate recovery areas for male and female patients. There was an enema room if the patient required an enema.



# Endoscopy

The resuscitation trolley was located outside the procedure room. It was checked immediately after the 8am morning team brief before the procedures started. The checks were documented and audited. The service audited that the trust had completed weekly checks on the trolley.

There was a clear flow of dirty to clean instrumentation in the decontamination area. There was a clean room and a dirty room, and the decontamination equipment and washers had recently been updated. There were drying cabinets in the clean room where scopes could be kept, following decontamination for up to 30 days.

The service used the same scopes as the trust's service. There were sufficient numbers of each type of scope.

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.

We saw that staff were trained in Control of Substances Hazardous to Health (COSHH) and that substances were appropriately stored.

Staff disposed of clinical waste safely. Sharps bins were not overfilled and were dated.

## 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.**

There was a team brief every morning at 8am which was attended by all the clinical staff. Any actions needed could be identified and documented. There was a team debrief at the end of the day and any issues were identified with any actions required.

There was an unwell patient policy and a patient deterioration laminated flowchart. This was brought to the attention of the staff at the morning team brief and was kept in the recovery room. Following the team brief the resuscitation equipment was checked before the procedures started. This was documented by the service. The resuscitation trolley was outside the procedure room.

Patients who were referred to the service had been seen by a specialist screening practitioner (SSP) and their first consent had been completed and a medical history was taken. The patients had come through the national screening programme following a positive faecal immunochemical test (FIT) or they were returning for a follow up procedure.

When patients arrived at the service they were checked in by a nurse. They were asked about allergies, current medications, and their medical and surgical history. Baseline observations were taken. Patients were asked if they had symptoms of Creutzfeldt-Jakob disease. If the patient required sedation a cannula was inserted. Patients were then consented for the procedure.

Patients were taken to a changing area which had toilets. There were emergency buzzers in the changing rooms and the toilets.

When the patient was taken into the procedure room the staff checked their name, date of birth and the procedure with the patient. They checked the patient details against the wrist band and the NHS number. Patients were asked to confirm their signature in the documentation, their consent, and any allergies. This was the sign in for the endoscopy safety checklist. This is a checklist from the World Health Organisation.

# Endoscopy

Following the sign in there was a time out to review that everything was in place for the procedure. This was read out loud. There was a sign out at the end of the procedure before the patient went to recovery, this was also read out loud.

Patients were monitored during their procedure so that staff could monitor any deterioration in the patients' condition. The checklist contained the physiological parameters to be monitored during the procedure. A specialist screening practitioner (SSP's) stayed with the patient during the procedure and worked with the team supporting the patient and making observations about the results of the procedure.

Following their procedure patients were taken to the recovery room before their discharge. There was a handover of the patient from the nurses in the procedure room to the recovery room nurses. Patients were given written information about their procedure and their sedation.

Patients with large polyps were referred to the large polyp meeting which met weekly. A decision was made at this meeting about how to treat the polyps.

Patients were given information in the recovery area by the endoscopy team and the SSP. The endoscopy team provided an information sheet which contained information about their discharge and what to do if they had any problems. The SSP provided information about the outcomes of the procedure and any follow up actions.

The service had designed a procedure reporting sheet and all procedures, and their outcomes were documented on the sheet. This ensured that the managing director of the service was aware of the outcomes of all procedures that had taken place.

## 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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.**

The service had a recruitment policy for all the staff employed.

There were about 60 staff employed by the service ranging from health care assistants to consultant endoscopists.

On the day of the inspection there was a nurse to book patients in and to consent them. This was the lead nurse. There were low numbers of patients booked into these sessions as they had come through the bowel screening programme to give the endoscopist more time to deal with any issues during the procedure. There were 2 nurses in the procedure room and 1 nurse in the recovery area. There was 1 health care assistant who was working in the decontamination room. Staff told us that these were the normal staffing levels and that there were always 2 nurses in the procedure room.

The staff all had substantive posts in local NHS trusts, and all were endoscopy trained. All staff were interviewed by either of the 2 managing directors and all consultants were interviewed by the clinical lead managing director.

The national screening programme had specific criteria and specifications for staff who worked for the programme. There was a specification for the service by NHS England.

# Endoscopy

There were on boarding procedures for all staff and staff were not allowed to work until their competencies had been signed off by the appropriate staff member. Consultants had their techniques assessed before they were signed up to start working.

The service used an independent human resources company to support recruitment and advice.

## Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used the paperwork from the referring trust. This was the endoscope care pathway which contained all the details of the patient pathway including the prescription chart. This was paper based and was scanned into the patient electronic record after the procedure was completed.

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 document was then passed through to the recovery team. The patient was not discharged until the discharge checklist had been completed and signed off by a trained member of staff.

All data from the service fed into the National Endoscopy Database and was extracted from the endoscopy reporting system.

The SSP completed their own record during the procedure.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. All patients were asked about any allergies before their procedure.

All medicines were stored in locked cupboards. Temperatures of the room where medicines were stored were recorded by the trust.

Patients could request sedation which was moderate sedation so that they were awake but relaxed and they did not feel any pain.

The sedatives used by the service were controlled drugs (CD). These were stored in locked cupboards in the procedure rooms and the service followed trust policy for the safe storage and checking of the controlled drugs. We saw that the CD's were checked before the sessions started and at the end of the sessions. Staff documented the amount that was used and any discarded amounts of the drugs.

There were reversal drugs available for the sedatives if the patient needed them. The service had never had to use the reversal drugs.

# Endoscopy

Patients could request Entonox gas for use during their procedure. This acted as a pain killer but did not relax the patient if they were anxious. Patients could drive home if they had received Entonox gas as the effects wear off very quickly.

The prescription charts were part of the endoscope care pathway documentation and were completed by clinical staff before the patient was taken to the recovery areas.

## 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.

Staff raised concerns and reported incidents and near misses in line with trust policy. Staff used the electronic reporting system used by the trust. The trust reported that the service investigated all clinical issues and that they had confidence the investigations were of good quality.

The service had no never events and no serious incidents.

Staff understood the duty of candour. They were open and transparent and understood they needed to give patients and families a full explanation if and when things went wrong. The service had never had to use the duty of candour.

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

## Is the service effective?

Good 

We had not rated 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 used guidance from the National Institute of Health and Care Excellence (NICE) and the British Society of Gastroenterology.

The service was part of a national screening programme. This had its own guidance and a specification from NHS England which was used by the service.

Staff followed the endoscope pathway and was evidence based.

# Endoscopy

All organisational policies were available to the staff and were in date with a review date.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural and other needs.**

Patients had to starve before their procedure took place. They were offered refreshments in the recovery area before they were discharged.

## 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 could request sedation before their procedure. The sedation helped to control anxiety and pain or discomfort and was monitored during the procedure.

There were reversal drugs available for the sedatives if the patient needed them. The service had never had to use the reversal drugs, this indicated that the sedation administration was safe.

There was the option of Entonox gas for patients. This helped to reduce pain.

Staff asked patients throughout their procedure if they were in pain or discomfort.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements The service had been accredited under relevant clinical accreditation schemes.**

The service participated in relevant national clinical audits. All data from the service fed into the National Endoscopy Database. The data was extracted from the endoscopy reporting system. The system allowed monitoring of key performance indicators (KPIs) at both individual and site level. The purpose of this is to provide comprehensive and reliable data to support quality assurance, service management and research.

All consultants who worked for the bowel screening programme had to be accredited by the programme through the accredited assessment process and achieve the competencies specifies by JAG. They received feedback every 3 months from the programme about their performance. This information was held by the screening programme.

The service complied with all the trusts audits that contributed to their trust accreditation.

## 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.**

# Endoscopy

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. All consultants who worked for the service were had achieved the competencies specified by JAG. If these competencies had been achieved and maintained 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. The lead consultant would work with the endoscopist to improve their competence if their key performance indicators were below the standards set for the service.

All consultant key performance indicators for each consultant were reviewed during the recruitment process.

Managers gave all new staff a full induction tailored to their role before they started work. There was an onboarding process to provide staff with the necessary training and equipment. A training needs analysis was conducted for the nurses during the onboarding process. If nurses did not have skills in consent and cannulation, they worked in the recovery rooms until they had achieved their competencies. Training was offered for nurses working in the procedure room to develop their skills for example. taking a biopsy or a polypectomy.

## Multidisciplinary working

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

We observed excellent team working between all the staff who worked for the service. There was mutual respect for each other's roles to support patient safety and provide a positive patient experience.

The service worked with clinicians from the NHS trust to support patient care and treatment.

Nurses told us that the consultants respected their views, they sought their opinions and listened to what they said. This was part of the reason that they enjoyed working for the service.

We saw that the service worked closely with the national screening service to deliver the outcomes of the service specification.

## Health promotion

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

The health promotion for the service was provided by the specialist screening practitioner from the screening network.

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

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

Staff made sure patients consented to treatment based on all the information available. The first consent for the procedure was made through the bowel screening programme when the patient met their specialist screening practitioner (SSP). The SSP gave the patients a detailed consultation before the procedure and an assessment of their fitness before they consented the patient.

# Endoscopy

Staff clearly recorded consent in the patients' records when they were admitted to the unit. There were good explanations of the procedures and if the patient requested sedation, this was explained by the admitting nurse. Consent was checked again when the patient was taken into the procedure room by the consultant, and they asked patients if they had any questions. Patients were told that they could withdraw consent at any time.

Patients who lacked capacity can be referred to the service, this was organised by the Bowel Cancer Screening Programme. For continuity of care, the procedure was only done by the Screening Colonoscopist who had completed the Consent Form 4 for that patient.

All clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards as part of their mandatory training with their own trust.

## Is the service caring?

Good 

We had not rated 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 patients were asked to bring a dressing gown to wait in before then went into the procedure room. Gowns were available for patients who did not have a dressing gown. Patients were given shorts to wear to respect their privacy and dignity.

We saw that staff were kind to the patients. The screening nurses sometimes knew the patients as they may have been with the programme for several years.

Patients we spoke with were complimentary about the staff and the service, although they did not enjoy the experience, they said that they were well cared for and it was as good as it could be.

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

We saw that staff were careful when positioning patients so that they were comfortable and in the best position for the procedure.

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. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it.

# Endoscopy

We observed that staff were kind to the patients and supported them through their patient pathway. They were encouraging to patients to reassure them throughout their procedure.

If patients were distressed, we saw that the staff helped them and provided emotional support.

## 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.

The screening nurses spent time with the patients before they arrived at the service. As part of the pre- assessment process, explanations were given to the patients about any possible outcomes.

The screening service was responsible for collecting feedback from the patients attending this part of the service.

## Is the service responsive?

Good 

We had not rated 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.**

There were separate male and female changing areas with their own toilets and separate recovery areas. Before the separate recovery areas were available the service saw an all male or all female list on different days of the weekend.

The facilities and premises were appropriate for the services being delivered as the service used the trust endoscopy unit which met the requirements of the Joint Advisory Group for gastrointestinal procedures.

## Meeting people's individual needs

**The service was inclusive. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Service leaflets were provided by the screening programme to patients when they were referred into the service. They were available in other languages and in large print.

Interpreters could be used if the patient did not have English as their first language. The screening programme had this information as they had completed an initial assessment of the patient before referral to the service. Interpreters could be booked through the service using the trust policy.

The unit was accessible to patients in wheelchairs and there were wheelchair accessible toilets. The service was located on the ground floor of the hospital.



# Endoscopy

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.**

Patients were referred to the service through the national screening programme. All patient bookings were made through the screening programme.

The patients had come through the national screening programme following a positive faecal immunochemical test (FIT) or they were returning for follow up treatment. The national screening programme were responsible for waiting times and national targets.

The screening service booked in 4 patients for every session. This was because the patients were 40% to 50% more likely to have polyps. The increased procedure time enabled the endoscopist to treat the polyps as appropriate.

Following the procedure patients were taken to the recovery room for their recovery, refreshments, and discharge. The nurse from the screening programme gave the patient information about their procedure and the outcomes of the procedure. The staff from the service discharged the patient with appropriate information about what to do if they had any problems.

At the end of the day all the results of the procedures completed that day were noted on a procedure reporting sheet. This gave details of the procedure and information including findings of polyps, any polyp removal and any cancer identified. There was also space so that a repeat procedure could be requested and any further imaging. The identifiers on the sheet were NHS numbers. The managing director of the service used the sheet to check that all patients received the appropriate follow up to their procedure and that patients did not get lost in the system.

Patients who did not attend for their appointment were followed up by the screening service.

## 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. This would be done through the trust complaints policy and procedure. There was information about how to raise a concern in patient areas.

There has never been a complaint by a Bowel Cancer Screening Programme patient against the service.

Staff understood the policy on complaints and knew how to handle them.

## Is the service well-led?

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

# Endoscopy

## 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 was had a focus on patient safety and was patient centred.

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.

There were experienced supernumerary lead nurses on every shift providing leadership and support to all staff.

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.

Most of the nurses who worked for the service were trained in endoscopy, but they were able to request further training to improve and develop their skills or to refresh skills and competencies that they had not used for a while. Any not trained in endoscopy received training, an induction and were supported until their competencies were signed off.

Feedback from senior managers, including clinicians, at the trust was very positive about the leadership of the service and their communication with the trust. The trust described the service as flexible and responsive to the changing needs of the requirements of the trust endoscopy service.

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.**

The vision for the service was to continue to deliver a high quality, patient centred service to the patients that were referred.

# Endoscopy

The contract for this part of the service was renewed every 3 to 6 months due to funding issues. The trust reported that the service was flexible and responsive to the needs of the service as a whole.

The service worked with the trust to meet the specifications of the screening programme.

## Culture

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

All the staff we spoke with were proud to work for the service. Many worked as bank and agency staff for other organisations but said they preferred to work for this one.

There were always enough staff to deliver the service across the patient pathway. We were told by some staff that when they were working in their own trusts that they did not always have the same number of staff to deliver the same service. This meant the service was focused on patient safety and patient experience. This was evidenced by the low numbers of complaints and incidents. Patient feedback was extremely positive and patient outcomes were very good.

The culture of the organisation was very open, and all staff were encouraged to speak up and raise concerns. We saw that the managing director engaged with senior medical and nursing staff to ask their opinions on issues. The consultant endoscopists were all assessed by the lead consultant before they were allowed to work for the service. Their performance was monitored through their individual key performance indicators and if these started to deteriorate then the lead consultant would raise this with them.

There was a staff survey in 2022. One of the questions was “are you able to speak to your management team and be listened to”. There was positive response of 100% from 44 staff members. Another question was “do you feel valued in your role.” There was a positive response of 97.7% from 44 staff.

Team working was effective with strong relationships between clinical and nursing staff. Safety processes and procedures were adhered to and monitored.

## 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.**

The governance processes used by the service were aligned to those of the trust. This was viewed positively by the trust.

There were governance meetings that were held every 3 months. The governance meeting minutes for 22 March 2023 included agenda items including 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 in the service, any incidents, complaints and complements and any staffing issues. The risk register was discussed at the staff meetings and updated as necessary.

## Management of risk, issues and performance

# Endoscopy

**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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

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. If the risk scored highly it was put on the trust risk register so that the trust was aware of any risks from the service that could affect any key performance indicators.

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.

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. This included staff turnover, numbers of incidents and complaints, to maintain key performance indicators and minimise endoscopy complications. All the objectives had been achieved.

## 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 submitted notifications to CQC as necessary. Information to the national endoscopy database was extracted by the reporting system put in place by the service.

## Engagement

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

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.

# Endoscopy

In the staff survey staff were asked if they felt that communication was effective between the senior management and the staff. There was a positive response of 100% from 44 staff.

The service worked with the trust to provide a safe service for patients. Information from the trust indicated that they were very happy with the service. They praised the flexibility and responsiveness of the service, the fact that the service was reliable, efficient and had always exceeded the contractual requirements. They also commented on the fact that there had never been an incident or complication since the service began in 2017.

## 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.**

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.

The service acted 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.