InHealth Endoscopy Unit - Cirencester Hospital

Quality Report

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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?	Requires improvement
Are services effective?	
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

InHealth Endoscopy Unit – Cirencester Hospital is operated by InHealth Limited. The service is commissioned by Gloucester Clinical Commissioning Group to deliver diagnostic services. The service is hosted by local NHS trust through contractual arrangements. The service offers clinics on Mondays and Thursdays only at this location. It accepts adult patient referrals and does not see any children or young people under the age of 18 years.

The endoscopy unit is located on the first floor of the building. The premises were refurbished in 2010 to ensure

Summary of findings

it met accreditation standards. The unit consists of a dedicated waiting area, admission/consent room, one procedure room, separate clean and dirty decontamination rooms with pass through washers. There is a recovery area with three cubicles, a second stage seated recovery area and a discharge room located outside of the main unit. There were two offices used for the unit manager and for reception/administration.

The inspection was unannounced meaning the service did not know we were coming to inspect. We carried out the inspection on 3 January and 14 January 2019, using our comprehensive inspection methodology.

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

This was the first time the service was rated, although it had been previously inspected in 2014.

We rated it as **Good** overall.

- Staff had completed their mandatory safeguarding training and knew which actions to take if they had concerns about patients.
- 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.
- The service provided care and treatment based on national guidance.
- The service gained Joint Advisory Group (JAG) accreditation in July 2018.
- There was effective multidisciplinary working with other healthcare providers to ensure patients received the right care.
- Staff were compassionate and supportive to patients and relatives in their care.
- Staff communicated with patients in manner that met their needs and offered opportunities for patients to ask questions.
- Patients' dignity was maintained at all times.
- There were effective arrangements to involve relatives as much as patients wanted.
- Feedback from patients and relatives was positive.
- The service took account of patients' individual needs and made reasonable adjustments to meet these as required.
- Leaders had the right skills and experience to run a service providing high-quality sustainable care.
- We observed a positive culture amongst staff and they felt supported by their leaders and by InHealth.
- There was an effective governance structure, which ensured effective monitoring of the service and communication pathways.
- There were systems to identify risks and mitigating actions to manage these.
- Staff had access to relevant and current information about patients to deliver safe care.

However, we found areas of practice that require improvement.

- Medicines were not prescribed and administered in line with national guidance and legislation.
- Documentation used for consenting was ambiguous and did not confirm that risks had been discussed with patients. Staff did not always assess if patients had mental capacity to consent to procedures.
- The service did not always meet the needs of local people. There was a waiting list of patients waiting to attend for an endoscopy procedure.
- The service did not meet targets for referral to treatment in nine of 12 months between October 2017 and September 2018.
- Meetings were not always held as often as they should be in accordance with the schedule of regular meetings.
- Paper-based patient records were not disposed of safely.

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 	The service provides diagnostic endoscopy for adults. We rated this service as good for caring, responsive and well-led. The service was rated as requires improvement for safe. We do not rate the effective domain for independent endoscopy services.

Summary of findings

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Background to InHealth Endoscopy Unit - Cirencester Hospital

InHealth Endoscopy Unit – Cirencester Hospital is operated by InHealth Limited. The service was acquired in 2012. It operates from facilities owned and managed by a local NHS trust.

The service carries out three different endoscopy procedures:

- Oesophagogastroduodenoscopy (thin, flexible tube called an endoscope is used to look inside the oesophagus (gullet), stomach and first part of the small intestine).
- flexible sigmoidoscopy (examination of the rectum and the lower (sigmoid) colon using an endoscope).
- colonoscopy (examination of the large bowels using a colonoscope).

The service has a registered manager who has been in post since May 2012, when the service was registered.

The InHealth Endoscopy Service delivered from this location, achieved Joint Advisory Group (JAG) accreditation in July 2018.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in community endoscopy services.The inspection team was overseen by inspection Manager, Marie Cox and Mary Cridge, Head of Hospital Inspections (South West).

Information about InHealth Endoscopy Unit - Cirencester Hospital

The service leased, by way of contract, the facility and the nursing staff for the services provided by InHealth. The service serves the communities of Gloucestershire. It also accepts patient referrals from outside this area.

The service is registered to provide the following regulated activities:

- Diagnostics and screening procedures

During the inspection, we spoke with 15 staff including registered nurses, health care assistants, reception/ administrator staff, endoscopist and senior managers. We spoke with four patients and one relative and reviewed five sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the Care Quality Commission at any time during the 12 months prior to this inspection. The service was last inspected in January 2014, which found that the service met all standards of quality and safety it was inspected against.

Summary of this inspection

Activity (October 2017 to September 2018)

In the reporting period October 2017 to September 2018, the service carried out 575 gastroscopies, 84 flexible sigmoidoscopies and 454 colonoscopies. This amounted to 1,113 diagnostic endoscopy procedures in the reporting period. All procedures were NHS-funded as the service did not provide privately funded diagnostic procedures.

Three endoscopists and one nurse endoscopist worked for the service at this location under practising privileges. In addition, there was another nurse endoscopist employed by InHealth Ltd, who worked full time across eight InHealth services. The service did not employ any nursing staff as these were provided under a contractual arrangement with the host organisation. The accountable officer for controlled drugs was employed by the host organisation.

Track record on safety (October 2017 to September 2018):

- There had been no never events or deaths.
- There had been no serious incidents reported.
- There had been five clinical incidents of which two were classified as causing minor harm and the other three causing insignificant harm.
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA)
- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (C.diff)
- No incidences of hospital acquired E-Coli
- The service had received five complaints

Services accredited by a national body:

- Joint Advisory Group on GI endoscopy (JAG) accreditation

Services provided at the hospital under service level agreement:

- Interpreting services
- Maintenance of 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?

Requires improvement 

We rated it as **Requires improvement**

- Medicines were not prescribed and administered in line with national guidance and legislation. Prescriptions were not signed and staff that administered medicines did not always sign the medicines chart themselves.
- Infection prevention and control measures were not always adhered to in line with national guidance.
- The security of patient details was not always maintained. There was a risk unauthorised people could access personal details about patients.
- Compliance with mandatory training was varied. Medical staff and nurse endoscopists' mandatory training compliance did not meet targets.
- Results from documentation audits were not always shared with staff to improve the completion of patient records.

However,

- Staff had completed their mandatory safeguarding training and knew which actions to take if they had concerns about patients.
- Staffing levels met Joint Advisory Group standards.

Are services effective?

We do not rate the effective domain for independent single speciality endoscopy services.

We found the following areas of good practice:

- The service provided care and treatment based on national guidance. The service gained Joint Advisory Group (JAG) accreditation in July 2018.
- Staff assessed and monitored patients regularly to see if they were in pain and gave additional pain relief if required.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff had the right skills, knowledge and experience to provide safe care and treatment for patients.
- There was effective multidisciplinary working with other healthcare providers to ensure patients received the right care.

However, we also found the following issue that the service provider needs to improve:

Summary of this inspection

- Consent was sought from patients but staff did not always discuss and check patients' understanding of risks associated with endoscopy procedures. Documentation used for consenting was ambiguous and did not confirm that risks had been discussed with patients. Staff did not always assess if patients had mental capacity to consent to procedures.

Are services caring?

Good

We rated it as **Good** because:

- Staff were compassionate and supportive to patients and relatives in their care.
- Staff communicated with patients in a manner that suited their needs and offered opportunities for patients to ask questions.
- Patients dignity was maintained at all times.
- Staff understood how to identify if patients felt anxious and offered support to alleviate anxiety when this was required.
- There were effective arrangements to involve relatives as much as patients' wanted.
- Feedback from patients and relatives were positive.

Are services responsive?

Good

We rated it as **Good** because:

- The service took account of patients' individual needs and made reasonable adjustments to meet these as required.
- There were processes for patients who wished to complain about the service and the service received few complaints about care from patients.

However,

- The service did not always meet the needs of local people. There was a waiting list of patients waiting to attend for an endoscopy procedure.
- Procedure slot utilisation was not always managed well.
- The service did not meet targets for referral to treatment in nine of 12 months between October 2017 and September 2018.

Are services well-led?

Good

We rated it as **Good** because:

- Leaders had the right skills and experience to run a service providing high-quality sustainable care.
- There was a corporate vision and a local business plan to deliver a sustainable service.
- We observed a positive culture amongst staff and they felt supported by their leaders and by InHealth.

Summary of this inspection

- There was an effective governance structure, which ensured effective monitoring of the service and communication pathways.
- There were systems to identify risks and mitigating actions to manage these.
- Staff had access to relevant and current information about patients to deliver safe care.
- Information about patients were mostly stored to ensure patient confidentiality was maintained.

However,

- Meetings were not always held as often as they should be in accordance with the schedule of regular meetings.
- Systems and processes did not ensure that paper based patient records were able to be disposed of safely.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Endoscopy

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

Are diagnostic imaging and endoscopy services safe?

Requires improvement

We rated it as **requires improvement.**

Mandatory training

- **Staff received mandatory training and regular updates. The service monitored staff compliance with mandatory training and took action to remind staff when their regular mandatory training updates were due.**
- Staff received mandatory training and regular updates in a range of subjects dependent on their role. All clinical staff received training and regular updates in subjects such as basic/immediate life support, fire safety, manual handling and information governance.
- Mandatory training compliance varied. Endoscopists received mandatory training from their usual place of working or through self-funded courses. Some mandatory training required face-to-face attendance but most subjects could be completed online using an electronic learning platform. Mandatory training compliance was monitored at corporate level by InHealth and endoscopists completed mandatory training as and when required. Endoscopists were required to complete basic life support training and records demonstrated that all but one endoscopist had completed this training within the last 12 months. Data demonstrated that staff had received training for 14 subjects with some staff highlighted as needing to complete refresher training to remain compliant. However, compliance with customer care and complaints was 63% against a compliance target of 90%.
- Nursing staff were employed by the host organisation and received mandatory training and regular updates from their employer. The service monitored mandatory training compliance through regular contract reviews. Data demonstrated nursing staff compliance was 85% (September 2018) across 12 subjects against a target of 92%. All staff had completed basic or immediate life support, health, safety and welfare training and prevent training. All registered nurses received immediate life support training (75% compliant with the remaining booked to ensure compliance). However, compliance with fire safety was 81% as three members of staff had not completed their regular update within a year. There were a further four members of the nursing staff team who were 'flagged up' as needing to complete their training before it was overdue.

Safeguarding

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff received training on how to recognise and report abuse and they knew how to apply it.**
- There was an InHealth Safeguarding Adults Policy (2016) and a Safeguarding Children Policy (2018). The policies included information and guidance for staff such as information about what abuse is and a flow chart of actions to take if safeguarding concerns were raised. The policies were aligned with those from the hosting organisation, to avoid confusion for staff about actions to take if they had concerns. Staff understood their

responsibilities to report safeguarding concerns but told us they had never had to make a safeguarding referral for any patient who attended the clinic. Staff had access to paper copies of InHealth policies.

- Staff received training and regular updates about safeguarding, which included female genital mutilation. There was a named safeguarding lead employed by the hosting organisation in accordance with national guidance (Royal College of Nursing: Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). Training records (January 2019) demonstrated all endoscopists had completed training within the last 12 months with one endoscopist highlighted as needing to complete their annual update to remain compliant. All nurses were up-to-date with their mandatory safeguarding training at the time of our inspection.
- Inhealth Limited performed safety checks on all new employees. Endoscopists were checked against the criteria as outlined by the Disclosure and Barring Service, before they started working for the service. Staff files were held centrally at the corporate head office and we did therefore not review any these. Compliance was discussed at the annual review/appraisal of all endoscopists.
- Compliance with safety checks such as Disclosure and Barring Services for nursing staff was managed by the host organisation.

Cleanliness, infection control and hygiene

- **The service usually controlled infection risk well. Staff kept themselves, equipment and the premises clean.**In the reporting period from October 2017 to September 2018, there were no incidences of health care acquired infections.
- The unit looked visibly clean. The cleaning of the facilities was the responsibility of the hosting hospital. We observed staff cleaning equipment used between patients such as trolleys and monitoring equipment. However, in the procedure room, we observed a display screen that was not cleaned even though it had been touched during the procedure.
- We observed most staff following national guidance for hand hygiene. Staff followed national guidance such as National Institute for Health and Care Excellence (QS61: Infection prevention and control: Statement three, 2014) and the World Health Organisation (WHO, 2006): Five moments of hand hygiene, meaning staff washed their hands before and after patient contact. The service audited compliance with hand hygiene in accordance with the World Health Organisations 'five moments for hand hygiene'. We reviewed audit results from December 2017 to November 2018 and found all of them met 100% compliance, meaning staff washed/decontaminated their hands when they needed to in accordance with national guidance. However, we observed in the procedure room, staff did not always remove gloves and wash their hands, when they should have done to adhere to evidence based practice (National Institute for Health and Care Excellence QS61, 2014).
- Staff did not always follow national guidance when inserting cannulas for patients who required conscious sedation during the procedure. We observed a member of staff insert a cannula (a small tube inserted into a vein for the administration of medicines), without wearing personal protective equipment (PPE) such as gloves and apron. This was not in accordance with national guidance (National Institute for Care and Health Excellence. CG139, 2012).
- Cleaning and decontamination of scopes used for endoscopy procedures was managed well. There were decontamination facilities which met national standards (Health Technical memorandum 01-06 (2016). There were separate pathways for equipment, which ensured clean and contaminated equipment did not cross over.
- Cleaning agents used for decontamination processes were kept in a metal cupboard in a storage room which was keypad controlled. Staff only removed small quantities of detergents which were kept in the decontamination area. There were risk assessments for cleaning agents used in line with Control of Substances Hazardous to Health Regulations 2002. External audits of the quality of the air for health care workers, near potential harmful detergents (and medical gasses), was checked annually and met standards it was assessed against. There was adequate lighting and ventilation in the decontamination room. Staff had access to suitable sinks for manual cleaning of endoscopes (tubular instrument used to look into the body).
- Staff followed national guidance for the use of personal protective equipment (PPE) such as gloves, aprons and visors when carrying out manual cleaning of the endoscopes. We observed staff remove PPE and wash their hands before leaving the decontamination room and enter the clean room for emptying of the

endoscope washer-disinfector (EWD). Clean endoscopes were placed in drying cupboards and there were arrangements to ensure recommended standards for use of clean scopes did not exceed the three-hour expiry time in line with national guidance (Health Technical memorandum 01-06, 2016.) Staff from the hosting organisation were responsible for water testing procedures in line with national guidance. Test results were shared with and available to the service manager.

- Clinical waste was handled, stored and removed in a safe way. Staff segregated and handled waste in line with national guidance such as Health Technical Memorandum: HMT07-01 (2013). Further disposal of waste was managed by the host organisation.
- There were effective arrangements to receive and act upon Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and other patient safety alerts. Any alerts with potential impact on the endoscopy service, were discussed in regular quarterly clinical governance meetings. We saw in minutes of a meeting in clinical governance meeting held March 2018, that an alert from NHS Improvements about failure to obtain and continue flow from oxygen cylinders, were discussed with all staff.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**The service leased all facilities and most of the equipment from the hosting organisation through contractual arrangements.
- The premises and facilities were accredited by the Joint Advisory Group (JAG) as being suitable for the delivery of endoscopy services. This included facilities to ensure gender separation. The recovery area was mixed sex but the bays were separated by semi-permanent walls, which meant that patients could not see each other and they provided privacy.
- There were contractual arrangements to review environmental risks annually to ensure mitigating actions were appropriate to reduce the level of risks. Risks assessments were available to InHealth staff and were last reviewed annually in 2018.
- Fire evacuation routes were clearly signed, kept free and fire equipment was serviced regularly.
- We reviewed randomly chosen consumables used by the service and found these to be within date and in sealed packaging.
- There was a succession of rooms (procedure room, decontamination room and clean utility room) that ensured the movement of used equipment in a safe manner. Equipment was labelled to ensure information about decontamination was recorded and traceable. This included information about the time of decontamination procedures to ensure usage if the equipment was within the recommend three-hour period. This was in accordance with national guidance such as British Society of Gastroenterology: Guidance for decontamination of equipment for Gastrointestinal Endoscopy (2016).
- Staff had access to suitable equipment, which was mostly owned by and leased from the hosting organisation. Staff told us there were enough endoscopes (tubular instrument used to look into the body) to complete procedure lists. There were sufficient endoscope washer-disinfectors (EWDs) to ensure endoscopes were washed and disinfected in line with national guidance. Endoscope and EWD maintenance was the responsibility of the hosting organisation and InHealth had access to maintenance records. We looked at five pieces of equipment and found these were all within their service date.
- InHealth owned two of the nasal endoscopes used in some OGDs (oesophagogastroduodenoscopy: thin, flexible tube called an endoscope is used to look inside the oesophagus (gullet), stomach and first part of the small intestine). These were maintained through a service contract with the manufacturer.
- Staff had access to emergency equipment in the event of a major clinical emergency. There was a resuscitation trolley in the recovery area, which was used throughout the unit if required. The trolley was tamper evident and checked daily when the unit was operational. We reviewed records from October to December 2018 and found that daily checks had been carried out every day but one.
- Emergency equipment was available for staff in the event a patient suffered a major haemorrhage (blood loss) during a procedure. There were emergencies procedures for staff to follow. These included the use of clips to stop bleeding. These were available for all procedures and staff were familiar with how these should be fitted. Patients with high risk of bleeding from endoscopy procedures were not accepted for diagnostic endoscopy procedures at this location although it was not included in the exclusion criteria.

- Signposting to the unit was satisfactory and hospital volunteers were available to signpost patients to the endoscopy unit if required. There was not a formal reception area but the administration office/reception was signposted. Patients reported their arrival to the administrator who was based in an office off the main corridor. Once the patient had been registered as arrived, the administrator took patients and their relatives to a waiting area where the admission nurse collected them to be admitted for the procedure.

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.
- Patient referrals were triaged by the InHealth Patient Referral Centre (PRC) and referred onto the different services/locations operated by Inhealth Limited. This was to ensure they were suitable to undergo endoscopy procedures in a community based service. The service had a list of referral criteria which included patient related exclusion criteria. For example, patients with specific heart and lung conditions and patients weighing over 220 kg (due to the weight limits on equipment such as trolleys). We observed a nurse discussing concerns about a patient living with dementia who attended for an appointment. The nurse discussed this with the endoscopist to ensure they were aware and that it was safe for the procedure to be carried out in the community setting.
- All staff attended a safety 'huddle' at the start of the procedure list to identify and discuss any risks to patients and the smooth running of the procedure list.
- Staff were confident about how to access help in emergencies and gave an example of this when a relative had become unwell. There was a standard operating procedures (SOP), which belonged to the host organisation with information for staff to follow. The SOP advised staff to call for an ambulance in the event of a medical emergency. For patients requiring admission overnight due to unforeseen complications, the SOP included information about who to contact. The service told us that no patients had required urgent transfer to a NHS acute trust in the last 12 months before the inspection.
- Staff mostly used national guidance designed to reduce the risk to patients during invasive procedures effectively. The unit manager was aware of National Safety Standards for Invasive Procedures and the service had a safety checklist as recommended by the World Health Organisation (WHO). The WHO checklist is an initiative designed to strengthen the processes for staff to recognise and address safety issues in relation to invasive procedures. We observed staff complete the WHO checklist at the beginning of each procedure by completing a checklist. All staff were involved and confirmed the identity with the patient as well as checking correct details had been entered onto the clinical IT software used to record findings. Although staff did not carry out a 'signing out' process there were effective arrangements for the safe labelling and checking of histology samples and to ensure there was an audit trail to check when these were placed for collection.
- Staff monitored patients before, during and after procedures and in particular for patients who received conscious sedation. Staff checked patients' vital observations on admission and confirmed details of any allergies, previous medical history including conditions and treatment for diabetes, raised blood pressure and if patients took blood thinning medicines. Staff reviewed the symptoms that led to a referral for an endoscopy procedure and explained the procedure to patients giving them time to ask questions. This also included a risk assessment to determine if patients were suitable to receive a medical gas used to manage pain during procedures. Staff checked with patients if prescribed preparations known as 'bowel prep' had been taken and when the patient last had food and fluids. This was documented in the endoscopy care pathway, which followed the patient through the episode of care.
- Staff monitored patients throughout the procedure. One member of the nursing staff was allocated to this task. Patients' vital observations were monitored and recorded with regular intervals. They also spoke with the patient as a way of observing their well-being including any signs of pain and to keep them informed of when changes of position was required. Once the procedure was completed the nurse handed over to a nurse from the recovery area.
- Staff monitored patients at regular intervals during the recovery phase until they had recovered sufficiently and were able to be discharged. Nurses used a consultation room to discharge patients, which allowed them to have uninterrupted conversations with patients about their procedure, answer any questions and inform them of

ongoing referrals. Staff gave an after-care information leaflet specific to the procedure they had had. The leaflet included information about any post procedural instructions such as when it was safe for them to eat and drink again if applicable. The information leaflet also held information about symptoms to look out for and when to contact emergency services. There was a contact number to ring for another near-by InHealth endoscopy unit in the event patients had additional questions about care they had received.

- Staff had access to guidance in the event of a patient deteriorating during the admission. There was a standard operating procedure (SOP), which outlined when and who to contact in the event of complications during or after endoscopy procedures. The SOP was written by the hosting organisation and included parameters such as NEWS scoring. The 'national early warning scores' (NEWS) is a national initiative to detect clinical deterioration and respond appropriately. Nurses received training in how to use the tool. However, the endoscopy pathway did not include patient observations to be recorded using the NEWS tool to enable early detection of a clinical deterioration. We spoke with the unit manager who explained staff had access to charts for recording of vital observation using the NEWS tool. Therefore, there was a risk that patients who deteriorated would not be recognised and transferred for a review in a hospital setting.
- There was a local business continuity plan belonging to the host organisation, which staff referred to for advice and for relevant contact details. Examples included loss of vital services, staffing issues and equipment failure.

Nurse staffing

- **The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.**Nurses were not directly employed by InHealth but provided by the host organisation and met Joint Advisory Group (JAG) requirements.
- **The service rarely used bank or agency nursing staff.**The last time temporary nursing staff had worked in the unit was March 2018. When bank/agency nurses were required to work for the service, this was managed by the hosting organisation following their processes and procedures including local induction.
- There were two nurse endoscopists who worked across eight InHealth endoscopy units. One nurses was contracted to work under practising privileges, the other was employed by InHealth.

Medical staffing

- **The service had enough medical staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.**
- There were arrangements for regular granting and review of medical staff working under practicing privileges. This is a well-established process within the independent hospital healthcare sector where a medical practitioner is granted permission to work in a private hospital or clinic in independent private practice. There were three GP endoscopists working under practicing privileges. There were processes to ensure medical staff working under practicing privileges had access to support for revalidation and appraisals, which were managed at corporate level within InHealth. All staff working under practising privileges attended an annual review. At this meeting, they were asked to provide evidence for their up-to-date training and continuous personal development to meet General Medical Council standards.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**However, patient details were not always stored and disposed of securely.
- Staff used a paper based endoscopy pathway to document information, care and treatment given. This covered care and treatment given during the admission, the procedure and the recovery phase through to discharge. The administrator prepared the paper documents for each clinic to ensure all documents were available to staff. Patient records were kept in a closed but unlocked trolley in the recovery area. However, there was always a nurse present in the area. There was a printed procedure list taped to the top of the records trolley to provide an overview for nursing staff of patients that had arrived, who had been discharged or if any patients had cancelled or not turned up for their procedure appointment. This list held information such

as patient names and the procedure they were attending for. Therefore, there was a risk that patient confidentiality could be compromised as this data was easily accessible.

- The service carried out regular documentation audits although these were not part of a planned audit programme. The audit looked at patient medical records from one list of procedures. We reviewed the results from January, April and July 2018. The audit report highlighted where findings did not comply with the targets they were assessed against. The report recommended actions for improvement to be discussed in a team meeting. The audit asked for notes from one list to be reviewed but did not state how many patient records were reviewed. The audit form included recommendations such as discussion of the findings in the next ward meeting. We reviewed minutes of ward meeting held in January, April and September 2018 and found that although documentation was a standard agenda item, outcomes of the documentation audits were not discussed. We also reviewed minutes of the six-monthly Cirencester Quality Circle meeting held in April 2018 and found documentation audits were not discussed in this meeting. We were therefore not assured that documentation audits were used effectively to improve the completion of patient records.
- During the inspection, we reviewed five patient records and found staff had completed these with all relevant information as directed by the care pathway.
- Following the discharge of patients, all paper records were scanned into an InHealth electronic patient record system. InHealth had provided IT equipment with the required InHealth software to record and store all information about patients. Only designated staff from the hosting organisation had access to the information, which was password protected. Paper records were discarded into a confidential waste bin, which was collected weekly and disposed of by the hosting organisation. However, the waste bin was open meaning that unauthorised people could access confidential information about patients.

Medicines

- **The service did not always comply with national guidance and legislation when administering medicines used for conscious sedation. The service followed the endoscopy pathway when administering and recording medicines given to patients. Medicines were ordered and stored securely.**Patients received the right medication at the right dose at the right time.
- Prescribing of medicines did not follow national guidance and legislation. Standard medicines used for endoscopy procedures were documented on the endoscopy pathway. These were medicines given for procedures performed under conscious sedation including controlled drugs (CDs). Two nurses prepared the medicines to be given intravenously and labelled these correctly. We were told that medicines were most often administered by the endoscopist. However, nurses signed for the administration of medicines given by the endoscopist by writing 'given by'. This meant that the endoscopist did not prescribe the medicines to be administered by nurses or sign for the medicines they administered. Nurses were not non-medical prescribers. We were not assured that medicines were always prescribed and managed correctly as outlined in national guidance and in accordance with the Misuse of Drugs Act 1971. We raised this with the service and asked the service to present an action plan of how this was resolved. The action plan we received, clearly set out changes in practice to ensure the safe and correct processes for prescribing and administering of medicines followed national guidance and legislation.
- There were safe arrangements for the ordering, storage and disposal of controlled drugs (CDs). We checked arrangements for the ordering, storage and stock checking of controlled drugs (CDs), which was in line with national guidance. Nursing staff recorded the dose of medicines given to patients and recorded the amount that was discarded if not used. The CDs were discarded into a safe disposal medium designed to absorb the liquid medicines.
- Staff had access to and were knowledgeable about the use of a medicine to reverse the effects of conscious sedation. The strength of the sedating medicines was in line with guidance from the National Patient Safety Agency (2008). The service monitored how often the reversal medicines had been required and data demonstrated reversal medicines had not been used in the 12 months before to the inspection.
- Access to and use of all medicines were included in the contract with the host organisation. The service did not

prescribe or supply any medicines for patients to take home. If new prescriptions were required, this was documented in a detailed post-procedure report, which was shared with the patients' GPs.

Incidents

- **The service managed incidents well.** There were arrangements to report incidents, near-misses and non-clinical incidents. There was an InHealth 'adverse event (incident) reporting and management policy (2017) providing a framework for reporting and managing incidents. The policy stated the specific investigative enquires depended on the complexity of the incident. Actions were documented within the electronic reporting system. There were no incidents reported which had been investigated using a root cause analysis approach as no incidents were serious or had caused harm to patients.
- There had been no incidents reported between October 2017 and September 2018 that required duty of candour to be applied. Providers of healthcare services must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users), when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. We spoke with the unit manager about duty of candour who had a clear understanding of when and how to apply duty of candour.
- The service reported 19 incidents between October 2017 and September 2018. Most of these (12) were classified as booking issues (12 incidents). There were five clinical incidents reported, one equipment failure incident and one fall, which did not cause any harm to the patient.
- Staff reported incidents using the host organisation's electronic incident reporting system. Key staff members of the host organisation had access to the InHealth incident reporting system to log an incident. We discussed this with the unit manager and the InHealth regional operations manager who stated all nursing staff had access to the electronic incident reporting system used by the host organisation. Staff could report incidents using this system and the unit manager would then discuss the incidents with the regional operations manager.
- Incidents were jointly investigated by the regional operations manager and the unit manager. Incidents were discussed by the InHealth clinical governance team every week. Lessons learned from incidents were shared in a bi-annual quality circle meeting. However, the unit manager stated that learning from incidents, including those happening during InHealth procedures lists, were discussed in regular unit meetings. We reviewed minutes of meetings from January, April and September 2018, which confirmed incidents were part of a standard agenda and that incidents relating to InHealth procedure lists were identified and discussed.

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

We 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.**
- The service received Joint Advisory Group (JAG) accreditation in 2018. 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.
- Care and treatment was delivered in line with current legislation and nationally recognised evidence-based guidance. For example, the service offered non-urgent gastroscopy for patients in line with guidance from the National Institute for Care and Excellence (NICE): QS 96 Dyspepsia and gastro-oesophageal reflux disease in adults (2015).
- The service audited 30 day readmission rates. The service obtained information about patients who had received an endoscopy procedure and who had attended hospital within 30 days of the their endoscopy procedure. For example, between October and December 2018, 11 patients had been readmitted within 30 days of their endoscopy procedure. Of these two admissions were from referrals for treatment following their procedure and the remaining nine admission were unrelated to the endoscopy procedure.
  This data related to two InHealth endoscopy units and was reported to the clinical commissioning group (CCG)

quarterly. The service did not routinely report on 30-day mortality (death occurring within 30 days of an endoscopy procedure). We were told this had not occurred but would be investigated if it happened.

- Staff had access to guidelines and policies to help inform their practice. Senior managers told us the policies and standard operating procedures used by the hosting organisation was used wherever possible to avoid confusion for staff. For example, the major incident business continuity plan (2017) was written by and belonged to the hosting organisation. Policies, guidelines and patient information was reviewed regularly at corporate level to ensure these reflected current and evidence-based practice. New or updated guidelines were discussed in the bi-annual Quality Circle meeting.

Nutrition and hydration

- Staff offered refreshments to patients following their procedures if it was safe to do so. Patients who had received local anaesthetic/throat spray received information about when it was safe for them to eat and drink following the procedure.

Pain relief

- **Staff assessed and monitored patients regularly to see if they were in pain and gave additional pain relief if required.**
- Staff took actions to manage patients' discomfort during procedures. Staff monitored patients' comfort during procedures. Patients attending for a gastroscopy were given an anaesthetic throat spray to numb the throat and reduce discomfort during the procedure. Patients attending for flexible sigmoidoscopy and colonoscopy were offered conscious sedation during the procedure. Patients were also offered a medical gas (Nioxide and Oxygen) to alleviate discomfort if this was not contraindicated. During the admission process, patients were asked about their preferred choice of pain relief during the procedure and risks assessments associated with medical gases were discussed. This was in line with guidance from the National Institute for Health and Care Excellence (QS15, standard 10, 2012).
- The endoscopist recorded patients' comfort score following the procedure. This was entered onto the Global Rating Scale as required by the Joint Advisory Group. Data including comfort scores were used to benchmark each endoscopist against each other and against national results

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.**They compared local results with those of other services to learn from them.
- The service monitored the number of procedures carried out by each endoscopist and a range of quality standards in line with Joint Advisory Group (JAG) quality standards (2007). Data demonstrated that three of the five endoscopist had carried out less than 100 procedures at this location. We discussed this with the clinical lead and the InHealth regional operations manager who explained the figures only related to procedures carried out at this service and did not include the number of procedures carried out in other InHealth services. This data was held centrally and managed at corporate level.
- The service collected data which enabled benchmarking of their performance against national standards and for internal use. The service collected applicable data in line with the British Society for Gastroenterology Quality and Safety Standards (2007) and as required by the Joint Advisory Group (JAG, 2005). For example, adenoma detection (benign tumour of glandular tissue such as the lining of the large bowel) during colonoscopy procedures, was above 15% (better than the required standard) for three of the four endoscopist who carried out this procedure. However, polyp retrieval rate (the removal of an abnormal growth) target of 90% was only met by one of the four endoscopists. The average scope withdrawal time met standards of lasting more than 6 minutes although audit results demonstrated that during some colonoscopy procedures the scope was withdrawn in 3 minutes (April to May 2018). The withdrawal of the scope allows the endoscopist to have a second look at the bowel as the scope is withdrawn and an important part of the procedure that should not be rushed.
- Patient outcomes were audited quarterly using a data collection tool known as the Global Rating Scale and discussed with individual endoscopists at their annual

review or sooner if this was required. InHealth had signed up to a new national endoscopy database, which gave individual endoscopist access to real time outcome data as data was downloaded daily.

- There were arrangements for onward referral to other healthcare providers for further investigation and/or treatment if this was required. During endoscopy procedures, the endoscopist could take a sample of the lining of the intestines. Samples were sent to a neighbouring trust for processing and patients were advised to contact their GP for results and to discuss further investigation and treatment. This information was also shared with the patients' GP through and electronic letter from the endoscopist in addition to the endoscopy report.
- The host organisation had an audit and quality assurance programme. Results were available for InHealth staff to review at contract meetings and at a bi-annual governance meeting (Cirencester Quality Circle (governance) meeting.
- Staff gave patients a written report of the investigation before they left on the day of the procedure. Endoscopy reports were sent electronically to the patients' GP the same day. The endoscopist informed patients of the result of the procedure either in the procedure room or once they had recovered sufficiently from the medicines they had been given. The discharge nurse gave patients a copy of the report and explained the findings again and answered any questions the patient may have. Patients' relatives were invited to attend the discharge conversation but were generally not encouraged to enter the recovery area.

Competent staff

- **Staff had the skills, knowledge and experience required of their roles to deliver effective care.**There were systems to ensure professional registrations were checked regularly and arrangements for annual appraisals.
- There were arrangements for the granting and reviewing of practicing privileges. Staff working under practicing privileges met annually with a named InHealth line manager to review practice, appraisals, training and revalidation. Data shared with us before the inspection, demonstrated all but one medical endoscopist was up to date with their annual appraisal. We were told that in addition to the appraisal there was also an annual review with each endoscopist where their individual performance was discussed and benchmarked against peer endoscopists. Each medical endoscopist had a named responsible officer to support them with their annual appraisal and revalidation. The nurse endoscopist working under practising privileges received their appraisals in the main place of working or from the InHealth lead nurse endoscopist of from the InHealth medical director. InHealth supported nurse endoscopist with revalidation by sharing of feedback about their care and supporting evidence of their practice hours.
- New staff employed by the host organisation received a local induction and included health and safety briefings and access to all IT systems required. Nursing staff received annual appraisals from the host organisation. InHealth personnel/the registered manager had access to staff performance metrics and appraisal records for review at contract review meetings or during a bi-monthly meeting with the unit sister and the InHealth regional operations manager. All nursing staff completed endoscopy competencies and rotated between the three different areas. Most of the nursing staff (70%) had also completed competencies for decontamination processes. This ensured there were always staff on duty who had the right competencies to support the safe delivery of care before, during and after endoscopy procedures.
- New endoscopists employed under practicing privileges and by contractual arrangements received a briefing session and a shadowing procedure list with the InHealth clinical lead. There was an induction checklist specifically for InHealth processes, which was underpinned by induction/sign off processes for the host organisations.

Multidisciplinary working

- **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.
- The service worked with a laboratory in a neighbouring NHS trust for the processing of samples taken during endoscopy procedures. Results were reviewed by the endoscopists who then completed a supplementary endoscopy report. This report was sent to patients' GPs outlining the results of the samples taken and any recommended actions. Patients were advised to make an appointment with their GP to discuss the result of

samples taken. The service made referrals to the local NHS trust for onwards treatment and care as required. These referrals were time critical for patients to have further tests, commence treatment and for multidisciplinary review as required.

- There were good working relationships with local GPs. Patients procedure reports and information about samples taken were shared with patients' GPs

Consent and Mental Capacity Act

- **Consent was sought from patients but documentation used for consenting was ambiguous and did not confirm that risks had been discussed with patients. Staff did not always discuss or check patients' understanding of risks associated with endoscopy procedures.**Staff did not always assess if patients had mental capacity to consent to procedures.
- Consent was sought from patients before any endoscopy intervention and before other care activities were started. All staff we spoke with had a good understanding of consent. However, the documentation used for consenting patients was ambiguous. The central InHealth hub sent out to patients the consent form within a 'procedure pack' for the procedure patients were referred for. The consent form was tailored to explain the procedure for which consent was being sought, side effects and associated risks involved with the procedure. This was explained in a manner that allowed the individual to make an informed decision about consenting to the procedure, on the consent form. There was a space on the form, which encouraged patients to note any questions or concerns they may have. When patients were admitted, nurses checked the form had been signed and noted if there were any questions highlighted, which they then answered. Following the inspection, we were informed of changes made to the consent process to ensure risks were always discussed and the forms were changed to avoid any ambiguity.
- Staff did not always follow the InHealth policy when obtaining consent from patients. There was a 'consent to treatment policy' (2016) which provided guidance for staff to follow when consent was discussed and confirmed with patients. We observed three admissions and heard that the procedures were very well explained to patients but risks were not always discussed. Patients had signed the form prior to admission for the endoscopic procedure. Patients were asked to indicate they had understood the procedure and associated complications and risks when they signed the consent form. However, this understanding was not confirmed on the admissions we observed in line with the InHealth consent policy (2016). The nurse, who admitted the patient could sign in one of two places although some nurses signed both but this was not consistent. The first option was to sign for 'confirmation of consent' (which was applicable when patients had signed the form in advance). The admitting nurse signed to confirm they had discussed the options for sedation and use of medical gasses. The second option was used by the healthcare professional when the patient was unable to sign the consent form. This applied to patients that were unable to see or physically unable to sign the form. The admitting nurse (or healthcare professional) then signed to indicate they had explained the procedure including benefits and risks. We were therefore not assured that patients always understood risks as these were not always explained or discussed during the admission process.
- Consent was re-affirmed in the procedure room, as part of the WHO check list, by nursing staff asking the patient if they had signed the consent form. We did not observe the endoscopist discuss risks of the endoscopy procedures with patients. We were not sure the endoscopist could always be assured that risks associated with the procedure they were about to perform, was always understood by patients. This was not in line with guidance from the British Medical Association on informed consent.
- **Staff did not always demonstrate their understanding and responsibilities under the Mental Capacity Act 2005.**The service did not always follow their admission criteria when accepting patients for procedures. We observed a procedure carried out for a patient living with dementia, although dementia was amongst the service's exclusion criteria. Consent processes for patients who lacked capacity did not follow national guidance. There was only one kind of consent form, which did not include any information about patients' mental capacity to make decisions. NHS England state that for consent to be valid it must be voluntary and informed, and the person consenting must have the capacity to make the decision. The consent form used stated a witness should sign if the

patient was unable to sign but had indicated their consent. We observed an admitting nurse discussing with the endoscopist, concerns related to a patient living with dementia and that they were unsure that the patient understood what the procedure entailed. When the patient entered the procedure room, it was evident the patient did not have sufficient understanding of the procedure to make a decision to give informed consent. We were concerned that staff did not fully understand their roles or apply their responsibilities as set out under the Mental Capacity Act 2005.

- Staff did not receive specific training in how to assess patient's mental capacity although it was referenced in the safeguarding training materials. Endoscopists and nurses were not required to complete specific mental capacity training. However, following the inspection we were advised that InHealth had approved the roll out of a mandatory training course in mental capacity assessment and deprivation of deprivation of liberty safeguards in May 2019.

Are diagnostic imaging and endoscopy services caring?

Good

We rated it as **good.**

Compassionate care

- **Staff cared for patients with compassion.**Feedback from patients confirmed that staff treated them well and with kindness.
- We observed staff caring for patients with compassion. Staff introduced themselves to patients and confirmed how staff should address them.
- Staff communicated with patients in a manner that suited their needs and took time to interact with patients to answer their questions. We observed staff forming appropriate relationships with patients to enable them to communicate effectively. We observed appropriate use of humour when this was applicable. Staff were smiling, approachable and reassuring in their interactions with patients and their relatives.
- We observed that patients' dignity was maintained throughout the appointment. Staff admitted patients in the admissions room, which provided opportunities for confidential conversations. There was a changing room where patients could change in readiness for the procedure. Dignity shorts were provided for patients undergoing lower gastro-intestinal procedures. There were adequate toilet facilities for patients to use if required. The recovery area was segregated into cubicles to provide privacy. Staff discharged patients after a conversation in a dedicated consultation room for this use. This ensured privacy for confidential conversations and offered patients an opportunity to ask additional questions.
- Staff supervised patients to avoid accidental entrance to the clinical procedure room. Staff instructed patients to wait in the changing room and that they would be transferred to the procedure room on a trolley.
- Patients and relatives spoke highly of the kindness of the staff. They told us staff gave them the information they needed
- The service sought the views of patients and their relatives through completion of the NHS friends and family test. We reviewed a result of these between October 2017 and March 2018. The response rate varied between 30% - 46% of those patients who had attended for a procedure. The results demonstrated that 100% were very likely or likely to recommend the service in January and March 2018. In February the result was 91.2%. The service looked at comments added and acted to implement service improvements.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
- Staff understood the impact the procedures and potential diagnosis could have on patients.
- Staff asked and observed non-verbal signs of patients feeling anxious. Staff took time to reassure patients and provided additional explanations when this was required. This was in line with guidance from the National Institute for Care and Health Excellence (QS15, 2012)
- Staff ensured patients had the right information and advice on discharge. Staff gave patients an 'aftercare' leaflet tailored to the procedure they had received. This information leaflet held information about expected side effects and symptoms of when emergency care should be sought.

Understanding and involvement of patients and those close to them

Good

Endoscopy

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- The endoscopist provided feedback about findings straight after the procedure. This information included findings during the procedure, information about aftercare and onward referrals as applicable. We observed staff handover to the nurses in the recovery area that the endoscopist would see the patient before they were discharged, if they were not assured the patient had fully understood or was affected by the sedation medicines.
- There were effective processes to involve patients and their relatives to enhance and ensure their understanding of the procedure and aftercare. Staff welcomed relatives to join in during the admission and discharge stages of the appointment, if this was the wish of the patient. This encouraged opportunities for patients and relatives to ask questions and discuss information to ensure and promote understanding.

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

Good

We rated it as **good.**

Service delivery to meet the needs of local people

- **The service planned and mostly provided services in a way that met the needs of local people.**The service worked under contract with the local clinical commissioning group. There were agreed referral criteria for patients attending for procedures, which had been agreed with commissioning stakeholders.
- Patients received 'instruction notes' particular to the procedures they were referred for. This included information about the procedure, fasting and of any preparation that was required. There was specific information for patients with diabetes and for patients taking blood thinning medicines. Patients were advised to contact their GP or practice nurse if they were unsure about the instructions.
- Overall the premises were appropriate for the service it delivered. The endoscopy unit was situated on the first floor but there was access by lift if required. There were ample parking spaces free of charge for patients attending for appointments.

Meeting people's individual needs

- **The service took account of patients' individual needs.**Communication needs were assessed, flagged up and reasonable adjustments implemented, to ensure patients had the information they required in line with Accessible Information Standards (2017). Staff could arrange for interpreters and written information in other formats or languages if this was required. There was a hearing loop installed to support patients with hearing aids.
- The service accepted patients without discrimination, including on the grounds of protected characteristics under the Equality Act 2010. There was easy access to the facilities for patients with mobility difficulties. However, patients were required to be able to transfer on to the trolley unaided and to change position during the procedure with minimal assistance. This was outlined in the referral criteria.
- The service had processes and systems to monitor, review and optimise patient comfort levels. Comfort scores during procedures were captured for each patient using the Global Rating Score. The service monitored the average comfort score level for each endoscopist. The median comfort scores ranged between 0 (no discomfort) and 4.42 for colonoscopies but was not captured for flexible sigmoidoscopies and gastroscopies. The results were discussed at an annual performance review or sooner if required.
- There were effective processes to ensure single sex changing and toilet facilities. This was mainly because the unit was so small they only saw one patient at a time pre- procedure, meaning that opportunities for mixed sex breaches did not arise.
- There were effective systems to ensure information about the procedure and aftercare was shared before appointments. Patients received a text message to remind them of their appointments. Staff told us they informed patients of any delays on the day patients attended for their appointment.

Access and flow

- **People could not always access the service when they needed it**. There was a weekly 'capacity and demand' telephone call between the unit manager and the InHealth regional operations manager, to review waiting times, activity and referral to treatment performance. However, the service had not been compliant with referral to treatment (RTT) six-week standards in nine of twelve months between October 2017 and September 2018. The six week RTT was the only standard the service was commissioned to deliver. Data received before the inspection, showed there was a waiting list of 107 patients waiting to be seen. Information shared by the provided showed that of these patients, 14 patients waited longer than six weeks for their appointment. The service monitored the reasons for patients waiting longer than six weeks. The reasons for the 14 breaches of the six week RTT were: lack of capacity (seven patients), some patients chose to wait a little longer (three patients), two patients did not received their bowel prepatation in time, incorrect dates logged and one patient breached the six week RTT whilst being triaged. Wherever possible, the service offered appointments at other nearby InHealth endoscopy services or worked with the hosting organisation to secure additional procedure slots. Additional data we requested showed that seven patients waited less than one week after the breach on the six week target, three patients were seen within two weeks. The remaining four patients waited up to 18 weeks before they attended for their appointment. We discussed this with the InHealth regional operations manager and national operational lead for endoscopy who recognised that the service provided at Cirencester was not sufficient to meet demands and they were exploring options for expanding capacity in another location. They were also exploring further commissioning contracts to ensure the sustainability of a further location for local people. This concern was registered on the local risk register.
- All booking and scheduling was managed from a central InHealth hub. The service was sent a list of patients scheduled for each day the service operated from this location. However, we heard that the process for 'choose and book' was challenging for some patients and sometimes patients were sent the wrong letters causing confusion. We reviewed reported incidents and noted there were 12 incidents reported about booking procedures. Of these, the cause of five incidents were associated with staff at the central hub not following procedures and four incidents led to cancellation of treatment on the day because patients had not received the correct instructions and bowel preparations in advance of the appointment. We discussed this with the InHealth regional operations manager and head of gastroenterology who told us this had been raised and InHealth were working to resolve the issues. Following the inspection, we were informed of actions taken to ensure all patients were sent the correct appointment letters.
- The service monitored cancellations and the number of patients that did not attend. These were discussed in a six-monthly Quality Circle meeting. Data demonstrated there had been 16 procedures cancelled by the service between January and December 2018. Seven patients had cancelled their appointment and 29 patients did not attend for their planned endoscopy procedure in the same period.
- Procedures were not always planned to utilise all available procedure slots. The service used a points system to measure utilisation. A full session of endoscopy procedures was equivalent to 12 points. We looked at data between January and December 2018 and found utilisation of available procedure slots were met in 31 of 52 weeks. In the remaining 21 weeks, utilisation was less than 75% in nine weeks. Following the inspection, we asked the service about any actions taken to improve procedure room utilisation. The service had reviewed the reasons for under utilisation of the procedure slots as they recognised this had an impact on waiting lists and meeting the six week referral to treatment standard. They found that a number of patients did not receive their bowel preparation in a timely manner. This had led to a pilot project working with a pharmacy provider to dispense/send out bowel preparation products as existing processes could not meet the demand.

Learning from complaints and concerns

- **The service took concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.**
- There were processes to ensure patients and their relatives could make a complaint or raise a concern if required. Information about how to make a complaint

was sent with other information to the patient before their appointment. The service aimed to resolve any concerns on the day. The unit manager (or their deputy) was available to discuss concerns raised by patients.

- The service investigated formal complaints in line with their policy (Complaint policy, 2015). The service had received five complaints between September 2017 and September 2018. There was one complaint relating to communication, one to patient pathway and three for clinical treatment.

Are diagnostic imaging and endoscopy services well-led?

Good

We rated it as **good.**

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**Operational leadership on the days the service provided InHealth endoscopy procedures were listed, was provided by unit manager and the senior nursing team from the hosting organisation. On these days, only the endoscopist was employed by InHealth and they carried overall clinical responsibility for the care of patients.
- Leadership of the service was provided by a small management team. The team consisted of the unit sister (employed by the hosting organisation), a clinical lead (a GP endoscopist) and an InHealth regional operations manager. There was a weekly telephone call attended by the unit manager and the InHealth regional operations manager. This meeting was based around capacity but was also used to raise any concerns or queries. The clinical lead monitored clinical performance and was involved with service development projects with commissioners across Gloucester and Oxford. The regional operations manager provided guidance and had overall responsibility for the InHealth services provided at this location.
- Endoscopy services, as a speciality, was part of the specialised services directorate within InHealth. This meant support was provided from a central hub for human resources support, governance and information technology.
- Leaders understood the challenges to quality and sustainability of the service. They spoke of the risk of not meeting demand due to limited capacity to two sessions per week and they understood the impact this had on individual patients. InHealth managers were negotiating plans to increase capacity in the local area to meet demand.
- Staff told us their leaders were approachable and supportive. Leaders worked together to achieve quality care for patients. The relationship seemed to be open, honest and built on mutual respect.
- The hosting organisation provided administrative support to the effective running of the clinics. The administrator greeted patients and provided administrative support primarily with regards to the preparation and storage of patient records. They had the overview of who had attended and of any cancellations by patients. If patients cancelled their appointment directly with the unit, the administrator would agree another date for them to attend, utilising any procedure slots in the procedure schedule.

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 working at the unit.**
- There was a corporate InHealth 'clinical quality strategy 2016/19 vision and there was a local 'business plan' for 2018/19. The plan set out a trajectory plan for referrals from October 2018 to September 2019, based on a 7% growth in GP referrals.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- We observed staff working together with patient care as a priority. Staff were caring and compassionate towards patients and their relatives. Staff took account of individual patients needs and took action to meet their needs. It was evident that a high standard of patient care and patient safety was the most important factor among staff.

- The leadership team promoted a positive culture and valued staff. We asked them what they were most proud of and they answered without hesitation the staff and teamwork.
- Staff told us they liked working within the endoscopy unit. We spoke with one new member of staff who enjoyed the new challenges and confirmed they had received a supportive and good induction process.
- We observed positive interactions and camaraderie among staff. Staff helped each other when required and were observant of each other's needs.
- There was a set of InHealth values, which included trust, care, passion and fresh thinking. These were not shared with staff from the hosting organisation. However, the values were similar to the values of the hosting organisation. We discussed this with the InHealth regional operations manager who did not think that promoting InHealth values as a separate concept would add any benefits as they were so closely aligned.

Governance

- **The service systematically improved service quality and safeguarded high standards of care.**
- The service had a governance structure, which demonstrated accountability and communication pathways to ensure effective sharing of information. There were processes for effective communication from the service to the executive team and vice versa. The service's local nursing team was accountable to the InHealth regional operations manager who represented the service to the executive InHealth team, by attending monthly meetings. The clinical lead, who was also the registered manager, was accountable to the InHealth medical director whom they met with every six months or more often if required. This meant information was shared with staff delivering the service every month.
- There was a corporate head of gastroenterology who had overall responsibility for governance and risk management across different locations delivering endoscopy services on behalf of InHealth.
- There was an effective governance structure at unit level, senior level and at board level. There were local arrangements for incident reporting, complaint management, performance overview and planned meetings to support the governance of the service. At senior level, there was a weekly review of complaints, incidents, litigation and compliments. This meeting was attended by the InHealth regional operations manager. The InHealth board held monthly meetings where performance was reviewed and benchmarked against other endoscopy units.
- There was a six-monthly Quality Circle Meeting. The meeting was attended by clinical leads and nursing staff from the hosting organisation. We reviewed minutes of the last two meetings which included a standardised agenda including reviews of guidelines and patient information, Global Rating System (GRS) reviews and audits, adverse event and complaints.
- There were bimonthly unit meetings chaired by the unit manager, which was also the endoscopy user group meetings. This was for nursing staff and covered all endoscopy services provided at this location. Where agenda items were specifically relating to InHealth services, this was highlighted in the minutes. In addition, there were six monthly Quality Circle meetings which was chaired by the InHealth clinical lead and attended by InHealth managers and nursing staff providing the services.
- Contract review meeting with the host organisation were not always held regularly. Senior managers told us there was weekly contact but that regular review meeting was not always held quarterly. We reviewed minutes of the last two meetings held in January and July 2018. There was no set agenda and the minutes of the meetings were difficult to follow if managers had not been able to attend. This meant we were not assured that actions were always carried out to improve the delivery of care.
- Audit compliance was monitored. There was an audit programme, which set out a plan for when 15 different audits were due. Some of these were monthly while others were required to be completed at six monthly intervals. Audit results were discussed in the Endoscopy User Group meetings and Quality Circle meeting. The service was planning to commence an audit for procedure room 'turn around' times as this had been identified as not being as efficient as it could be.
- Leaders ensured employees who were involved in the invasive procedures were educated in good safety practice. We observed staff use the World Health Organisations (WHO) safety checklist to deliver safe procedures for patients. However, we reviewed documentation audits that showed the checklist was not always completed and there was no specific audit to monitor WHO checklist completion. InHealth leaders

told us this had also been highlighted in other inspections by the Care Quality Commission but it seemed learning had not been shared across different units.

- There was a range of policies available to staff for review for guidance. The policies were clearly laid out, date and version controlled, meaning updates to the policy were easy to identify. Senior manager told us staff followed clinical procedures and policies from the host organisational as much as possible. These policies met the expectations for InHealth and was available for them to review on request. InHealth policies followed a standard template setting out the purpose, roles and responsibilities and monitoring requirements. For example, the complaints policy stated complaint reports should be reviewed quarterly by the corporate clinical governance teams and provided to the risk and governance committee.
- We reviewed minutes of the risk and governance committee from May, June and July 2018 and found incidents were discussed as a planned agenda item. However, this policy was out of date as it should have been reviewed in November 2018.

Managing risks, issues and performance

- **The service had systems to identify risks, plan to eliminate or reduce them.**Risks were identified and mitigating actions developed to manage these. There was a local risk register. which included risks from different categories including quality, operations, human resources and health and safety. There were five risks added to the risk register. Three of these were operational, one was finance and the last risk was related to information governance. The risk entries demonstrated identified actions to mitigate the risks and showed they were last reviewed in September 2018.There was an identified 'risk owner', who was the regional operations manager, which ensured risks were communicate to corporate Clinical Quality Sub Committee and the Risk Governance Committee.
- Significant risks were added to the InHealth functional or corporate risk register. These risks were reviewed and monitored by the 'complaint, litigation, incidents and compliments' (CLIC) group. The corporate head of gastroenterology produced a quarterly risk report, which outlined risks across all endoscopy location. This meant information was shared between different InHealth endoscopy services.
- There was InHealth corporate risk management policy (2016), which provided guidance about risk management. The policy stated risks should be reviewed at least every quarter. We reviewed the local risk register for services provided at this location and found risks were reviewed monthly to ensure mitigating actions were reviewed for their effectiveness in managing the risk.
- There were processes to raise awareness and implement actions for national safety alerts such as those communicated to the National Patient Safety Agency (NPSA). These were reviewed at corporate level and discussed at monthly InHealth Executive governance meetings. If actions were required, these were communicated to clinical leads at each location for action.
- During the inspection, we highlighted an area that required action to improve the safety for patients. The leadership team responded positively to this feedback and through discussion, demonstrated the passion to understand what was required.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- The service used an electronic platform to capture performance data about endoscopy procedures to capture compliance with national standards.
- Information stored electronically was secure. Computer access was password protected and we observed staff logging out of computer systems when they left It equipment.
- Staff had access to up-to-date, accurate information about patients. Information included previous medical history, medicines and reasons for referral. Staff worked from paper copies and once the patient was discharged these were scanned into a specific IT software for safe electronic storage. Only designated staff had access to these records.
- The service reported on Workforce Race Equality Standards through corporate reporting. The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and minority ethnic (BME) backgrounds, have equal access to career opportunities and receive fair treatment in the workplace.

Good

Endoscopy

Engagement

- **The service engaged well with patients to plan and manage appropriate services.**
- The services sought the views of patients and their next of kin. Staff provided patients with comment cards encouraging them to complete these following their appointment. We were informed of changes that had been made in response to feedback. For example, feedback about a cramped reception area led to a relocation of the reception providing a larger waiting room with air conditioning to improve the environment where patients were waiting.
- The hosting organisation carried out an annual patient satisfactory survey, which included patients who had attended for InHealth appointments. The hosting organisation sent out 100 questionnaires of which 56 were returned but it was not stated how many of these were patients who had attended for InHealth endoscopy procedures.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- The clinic was exploring how they could extend their service. They were offering procedures to neighbouring clinical commissioning groups and NHS trusts.
- InHealth endoscopy units offered trans nasal Oesphago-gastric-duodenoscopy (the scope is passed through the nose rather than through the mouth), which improved patient tolerance and comfort during the procedure. It also gave patients the opportunity to talk and swallow more naturally, therefore helping to reduce anxiety levels.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The service must ensure medicines are prescribed and administered in line with national guidance and legislation.
- The service must ensure patient paper-based records are disposed of securely.
- The service must review consent processes to ensure patients' understanding of risks are checked when patients bring in their signed consent forms.
- The service must ensure processes for obtaining consent for patients living with dementia or other 'complicated consent' are managed in line with the Mental Capacity Act 2005.

Action the provider SHOULD take to improve

- The service should continue to review arrangements to increase capacity to reduce waiting lists and to meet national targets on referral to treatment times.
- The service should improve mandatory training compliance and include regular training and updates in mental capacity training.
- The service should consider the use of national early warning scores when recording patients' vital observation.
- The service should review processes for the auditing of WHO compliance and that actions identified from documentation audits are followed through to improve compliance.
- The service should improve use of results from documentation audits to improve documentation compliance.
- The service should review arrangements for 'choose and book' facilities to improve the booking process and patient experience.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The endoscopists did not write prescription records that could be signed. The effect was that medicines were not actually prescribed. The endoscopists did not sign for the medicines they administered. Regulation 12 (2) (g) the proper and safe management of medicines

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Although patients with complicated consenting (e.g. dementia) was on the list of exclusion criteria, we observed a patient with a dementia diagnosis who underwent an endoscopy procedure. There was no assessment of the patient's mental capacity to consent and there was not a specific form (such as consent form 4 or equivalent) used for this patient. Consent processes were ambiguous. Risk associated with procedures were not always explained and staff did not always check patients' understanding of associated risks Regulation 9 (3) (c)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Paper based patient records were not disposed of securely.

Regulation 17 (2) (c)