

InHealth Endoscopy Limited

# InHealth Endoscopy Unit Romford

## Inspection report

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

## Ratings

### Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learnt lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients and monitored their pain. 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 people who use the service, 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 an endoscopic procedure.
- 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 managed services and all staff were committed to improving services continually.

However:

- The service did not have protocols and care bundles for identifying potential sepsis and staff did not have training in this. This was identified at the previous inspection and it had not been rectified.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Diagnostic imaging

### Rating

Good



### Summary of each main service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- 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.

However:

- The service did not have protocols and care bundles for identifying potential sepsis and staff did not have training in this. This was identified at the previous inspection and it had not been rectified.

# Summary of findings

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# Summary of this inspection

## Background to InHealth Endoscopy Unit Romford

InHealth Endoscopy Unit Romford is operated by InHealth Endoscopy Limited. The service is part of an independent sector provider delivering primarily NHS commissioned services in London. It provides endoscopy services for adults and serves a diverse community from across south-east England.

The unit has two preparation rooms, one consultation room, two procedure rooms, four single recovery bays and a seated discharge area with two reclining chairs. The service is commissioned by Barking, Havering and Redbridge Clinical Commissioning Group to provide colonoscopy, flexible sigmoidoscopy and gastroscopy for routine referrals.

The service had a clinical lead endoscopist, five endoscopists, nine registered nurses, eight healthcare support workers and four administrative staff.

The service provides appointments from 8am to 6pm Monday to Friday. Appointments were available on Saturday and Sunday subject to demand.

## How we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 25 October 2021.

During the inspection visit, the inspection team:

- Spoke with the unit manager, regional manager and three members of staff
- Spoke with two patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service

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

## Outstanding practice

We found the following outstanding practice:

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

## Areas for improvement

**Action the service SHOULD take to improve:**

### Diagnostic imaging service

- Review safety monitoring and training to manage risks associated with sepsis.






# Our findings

## Overview of ratings

Our ratings for this location are:

|                    | Safe | Effective               | Caring | Responsive | Well-led | Overall |
|--------------------|------|-------------------------|--------|------------|----------|---------|
| Diagnostic imaging | Good | Inspected but not rated | Good   | Good       | Good     | Good    |
| Overall            | Good | Inspected but not rated | Good   | Good       | Good     | Good    |

# Diagnostic imaging

|            |   |
|------------|---|
| Safe       | Good                     |
| Effective  | Inspected but not rated  |
| Caring     | Good                     |
| Responsive | Good                     |
| Well-led   | Good                     |

## Are Diagnostic imaging safe?

Good 

Our rating of safe improved. We rated it as good.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Records showed the completion rate for mandatory training was 95%.

The mandatory training was comprehensive and met the needs of patients and staff. Staff completed training modules for immediate life support, infection prevention and control, information governance, data security, mental capacity and deprivation of liberty safeguards, and safeguarding adults and children.

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

### Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. Records provided by the service showed 95% of staff had completed safeguarding vulnerable adults and children at level two.

# Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns was available.

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

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

The service had an up-to-date chaperone policy to reflect the changes made during the pandemic. Clinical staff who undertake a chaperone role had received chaperone training.

There were no safeguarding incidents in the previous 12 months.

## Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. This included fixed equipment such as examination beds and portable equipment. Items were visibly clean and dust-free, and we saw a daily cleaning check list. The service used single use equipment where appropriate.

Each consulting room had a disposable privacy curtain. Staff marked each curtain with its first date of use and the planned date of change. We observed two curtains were beyond their disposal date. Following our inspection the unit manager confirmed the disposal privacy curtains had been changed and this would be added to the infection control audit.

Staff followed infection control principles including the use of personal protective equipment (PPE). The unit provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary.

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

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed an infection control audit quarterly. The service consistently achieved a high standard of cleaning with a compliance rate of 100% from January to September 2021.

Patients we spoke with said the environment was clean.

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

## Environment and equipment



# Diagnostic imaging

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

The service had suitable facilities to meet the needs of patients' families. There were two preparation rooms, one consultation room, two procedure rooms, four single recovery bays and a seated discharge area with two reclining chairs located on one floor. The procedure rooms were equipped with endoscopes and trolleys for carrying the clinical equipment required.

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

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

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

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

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

## Assessing and responding to patient risk

**Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly. The service had a patient selection criteria that provided guidelines for the types of patients they treated. The inclusion criteria were based on the American Society of Anaesthesiologists (ASA) classification. The service used an adapted 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist.

Doctors ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw a comprehensive pre-assessment medical questionnaire that was used for all patients.

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

The service completed a fire risk assessment and had a protocol for evacuating a sedated patient. All staff had up to date training in basic life support and endoscopists and nurses had training in immediate life support (ILS).

# Diagnostic imaging

Staff knew how to respond promptly to any sudden deterioration in a patient's health. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it. The service developed a major haemorrhage protocol and there was kit in place. This meant patients would have access to immediate help in the event of a major haemorrhage whilst awaiting paramedics.

There was enough emergency oxygen stored on site to provide urgent care to a patient if they deteriorated. Patients undergoing sedation were required to have an escort for the journey home.

The service did not have protocols and care bundles for identifying potential sepsis and staff did not have training in this. This was identified at the previous inspection and it had not been rectified. Following our inspection managers confirmed a sepsis protocol had been developed and sepsis would be added to the staff's mandatory training.

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

### Nursing staff

The service had enough nursing and support staff to keep patients safe. There were nine full time members of nursing staff. One registered nurse was assigned to each procedure room and one nurse was allocated to perform the pre-assessment checks. The service had eight health care support workers who were also responsible for the decontamination of equipment.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required in accordance with staff.

The service had low turnover rates. There was one vacancy for a 0.5 whole time equivalent (WTE) registered nurse at the time of inspection.

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

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

### Medical staff

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

### 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.**

# Diagnostic imaging

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

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

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

The unit provided referrers with electronic reports which were encrypted.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The unit held limited stocks of medicines relevant to the service they offered. Medicines were stored in secure locked cupboards. Controlled drugs were kept in separate locked cabinets within the locked medicine cupboards.

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

The unit completed quarterly medicines management audits. Audits completed between August 2020 and September 2021 showed 100% compliance.

Nurses used patient group directions (PGDs) to administer sedatives and other medicines in line with the provider's established policy. Clinical staff completed additional training in medicines management.

## Incidents

### **The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.**

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

Staff raised concerns and reported incidents and near misses in line with provider policy. From October 2020 to October 2021 there were 45 incidents reported, 13 of which were clinical. There was one serious clinical incident and records showed the incidents were reported and investigated in line with the provider policy.

The service had no never events.

## Diagnostic imaging

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff could give an example of an incident where the duty of candour requirements applied.

There was evidence that changes had been made as a result of feedback. Staff gave an example of completing an audit, implementing an action plan and having clinical meetings following an incident.

### Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for diagnostic imaging.

### Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as National Institute of Health and Care Excellence (NICE), the WHO Surgical Safety Checklist, Royal College and the American Society of Anaesthesiologists (ASA). Staff could access policies and procedures electronically.

Managers checked to make sure staff followed guidance. There was a system of rolling audits to benchmark standards of care internally and with national guidance. For example, an audit of the WHO Surgical Safety Checklist showed 100% compliance with the service's procedures. The unit completed clinical audits on peripheral intravenous cannula care and patient follow up to ensure the service's policies were adhered to. Records showed the service performed consistently to a high standard.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health.**

Patients were informed to arrive to appointments fasted at the time of their bookings and were reminded during pre-assessments on the telephone.

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

### Pain relief

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

# Diagnostic imaging

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The service managed patients' pain well. Staff asked patients about pain during pre-assessments, during and after treatment. They documented pain using an established scoring system and documented this in the patient's records. Pain relief medication was prescribed whenever necessary.

Sedation was available, and staff worked with patients to identify the most appropriate level and route of sedation for their individual needs and planned procedure.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Outcomes for patients were positive, consistent and met expectations. The service provided diagnostic results immediately after screening, which meant patients could review their treatment options with their GP or referring doctor at their next appointment. Where results, such as histology results, required further scrutiny, staff told patients when to expect these.

The service audited report turnaround times, vetting of referrals and rectal retroflexion. Records showed the service performed consistently to a high standard. The clinical lead reviewed the GRS scores for individual endoscopists periodically to ensure consistent standards of care and contributed this data to the national endoscopy database as a strategy to benchmark patient outcomes.

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

## Competent staff

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

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

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

Staff said they had received full induction tailored to their role and felt well-supported.

Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files. Clinical staff completed competency-based training modules based on their role and responsibilities.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for this service were 95%. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

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

# Diagnostic imaging

## Multidisciplinary working

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

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Endoscopists showed a willingness to work with patients' GPs. A copy of the endoscopy report was sent to the referring doctor and patients' GP.

## Seven-day services

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

The unit opened Monday to Friday from 8am – 6pm. Appointments were available on Saturday and Sunday subject to demand.

Referrals were triaged to ensure patients were on the correct pathway and listed for the correct investigation. Capacity would be reviewed to accommodate urgent requests.

## Health promotion

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

Endoscopists had individual conversations about diet and health promotion after procedures.

## 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.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff explained how they would carry out and document a capacity assessment if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff described how they gained patient consent including explaining the risks and benefits associated with the procedure.

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

Staff clearly recorded consent in the patients' records.

Clinical staff (95%) received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policies on the Mental Capacity Act and Deprivation of Liberty Safeguards.

# Diagnostic imaging

## Are Diagnostic imaging caring?

Good 

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

### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said the unit was professional and efficient. The clinic environment ensured patient's privacy and dignity was maintained.

The results of the 2021 patient satisfaction survey showed 67% of patients rated their experience of the unit as excellent and 27% as very good.

Patients said staff treated them well and with kindness. Staff were very helpful and reassuring. Patients said they were treated with dignity and respect during the procedure (99%).

### Emotional support

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

Staff understood the impact that patients' care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs.

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

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

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

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

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

Patients were advised about different options of sedation they could decide on before the procedure. All patients were given a discharge information sheet with advice on the procedure they had undergone.

# Diagnostic imaging

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment.

Patients gave positive feedback about the service. In the 2021 patient satisfaction survey 89% of patients said risks and complications were explained to them and 100% said they had the opportunity to ask questions before signing a consent form.

## Are Diagnostic imaging responsive?

Good 

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

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

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

Managers planned and organised services, so they met the changing needs of the people who use the service. The unit was open five days a week and provided elective endoscopy procedures by appointment only, at a time to meet the needs of the patient group. Appointments were generally arranged on the telephone.

Staff said patients were contacted to book an appointment within 48 hours and were seen at the unit within six weeks. Patients we spoke with confirmed being able to access the unit in a timely manner. The environment was appropriate, and patient centred.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. The outcome of each contact was recorded. In the previous 12 months missed appointments were 3% and cancellations 7%.

### Meeting people's individual needs

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

There was a comfortable seating area and toilet facilities for patients and visitors. Wheelchair access was available.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed.

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

Patients with learning difficulties were identified at the time of booking their initial appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.



# Diagnostic imaging

## Access and flow

**People could access the service when they needed it and received the right care promptly.**

The service provided elective and pre-planned endoscopic procedures. Patients could telephone and book an appointment for a date and time that suited them.

The service had expanded to accommodate growing patient numbers and the needs of its patient group. This included increasing the number of staff to manage increased patient flow.

Endoscopic reports were made available post-procedure depending on the urgency of the request and investigation.

The service outsourced biopsies to a laboratory based in the same building. The biopsy reports were issued within 5-7 days and sent back to the referrer.

## Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the unit.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve the service. For example, improving communication with patients.

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

## Are Diagnostic imaging well-led?

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

## Leadership

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

The provider had a corporate management structure which included a chief executive officer, chief medical officer and a director of clinical quality. The unit was supported by an operations manager and a clinical lead endoscopist. The service was overseen day-to-day by the registered manager who was the unit manager.

# Diagnostic imaging

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service.

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

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, 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 provider had four clear values about care, trust, passion and fresh thinking. All staff were introduced to the values when first employed during the corporate induction.

The service had a clear vision and there was a clearly formulated strategy to deliver this vision. There were plans to develop a sustainable staffing model, operational efficiency and high clinical quality. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

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

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

## 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.**

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by interacting with staff daily. Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic.

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

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

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

## Governance

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

# Diagnostic imaging

There was an effective clinical governance structure which included a range of meetings that were held regularly including an endoscopy senior management meeting, clinical governance meeting, staff meetings and an endoscopy user group meeting.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

The unit manager said learning was cascaded to staff. All staff members had a work email account and updates were sent to staff via email.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

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

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

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

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks such as information technology, software and imaging capture error had been mitigated. Risks were discussed at regular governance meetings.

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

## Information Management

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

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

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

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

# Diagnostic imaging

## Engagement

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

The unit completed annual patient satisfaction surveys and reported on them monthly. They collated patient satisfaction surveys and used the results to inform service development. The results of the 2021 patient satisfaction survey showed 67% of patients rated their experience of the unit as excellent and 27% as very good.

The service made changes based on feedback from patients. For example, patient information had been modified to make instructions on all aspects of fasting clearer to patients.

## 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 and participation in research.**

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

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

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