

Alimentary Solutions Limited

Alimentary Solutions Limited Chorley District General Hospital

Inspection report

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Date of inspection visit: 16 April 2023
Date of publication: 12/06/2023

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Endoscopy

Rating

Good



Summary of each main service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to Alimentary Solutions Limited Chorley District General Hospital

The service provides an insourced endoscopy service to adults across 2 acute hospital sites. It is managed by 2 managing directors who are both medical consultants. The lead consultant is an endoscopist who works for an acute trust in the northwest of England. They were approached by the trust in 2017 to look at ways of addressing backlogs in endoscopy services to local patients and with support from the trust they have set up this service. The service treats about 3000 patients a year across the 2 sites. Patients referred to the service have been seen by a trust consultant. The trust book patients into the service which operates at weekends and uses the trust endoscopy unit and equipment. All staff who work for the service have substantive posts in the NHS.

There is a registered manager and a nominated individual.

The regulated activities for the service are: -

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

The service had not been inspected before.

How we carried out this inspection

We inspected this service, and this was a short, announced inspection. This was because we needed to know when the service was seeing patients as it does not run every weekend. We observed the morning handover and followed 2 patients through their journey from admission to the unit to their discharge including their procedures. We spoke with 4 nurses, 2 health care assistants, a consultant endoscopist and the managing directors 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 use of the procedure sheet to ensure that all patient outcomes were documented and would be followed up. This meant that patients did not get lost to follow up.

Areas for improvement

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Endoscopy

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

Is the service safe?

Good 

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

Mandatory training

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

Staff received and kept up to date with their mandatory training. All staff who worked in the service had a substantive post in the NHS and completed their mandatory training in their employing trust.

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

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

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

All staff who worked for the service completed their training in autism and learning disabilities as part of their mandatory training with the trust.

Safeguarding

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

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

Staff were aware of contact numbers and procedures for the trust safeguarding team.

Endoscopy

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

There had never been any safeguarding incidents in the service.

All staff were disclosure barring service (DBS) checked by the service and the trusts where they worked.

Cleanliness, infection control and hygiene

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

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

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

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

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

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

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

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

Environment and equipment

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

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

Endoscopy

There was an admitting room and patients were moved to a changing area. There were separate changing areas and toilets for male and female patients. The service used 2 procedure rooms and there were separate recovery areas for male and female patients. There was an enema room if the patient required an enema and a quiet room if the patient was to receive bad news.

The resuscitation trolley was located outside the 2 procedure rooms. It was checked immediately after the 8am morning team brief before the procedures started. The checks were documented and audited. The service audited that the trust had completed weekly checks on the trolley.

There was a clear flow of dirty to clean instrumentation in the decontamination area. Although it was a single room there were systems in place to minimise cross contamination. We were told that a door is going to be installed to separate the area into 2 rooms.

The service used the same scopes as the trust service. There were 5 gastroscopes, 5 colonoscopes and 2 paediatric scopes which were used for small adult patients.

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

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

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

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

There was an unwell patient policy and a patient deterioration laminated flowchart. This was brought to the attention of the staff at the morning team brief and was kept in the recovery room.

There was a team brief every morning at 8am which was attended by all the clinical staff. Any actions needed could be identified and documented. At the team meeting we attended staff identified that there were 2 patients who had the same first name who were next to each other on the procedure list. There was a team debrief at the end of the day and any issues were identified with any actions required.

Following the team brief the resuscitation equipment was checked before the procedures started. This was documented by the service. The resuscitation trolley was outside the procedure room.

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

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

Endoscopy

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

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

Patients were monitored during their procedure so that staff could monitor any deterioration in the patients' condition. The physiological parameters used were part of the endoscopy safety checklist. There had been a recent incident when a patient's condition had deteriorated, and staff had resuscitated the patient. The NHS trusts on call medical team had been called to support the patient who had suffered a known side effect of their procedure. The patient was admitted to the hospital for observation and discharged the following day. The event was incident reported.

Following their procedure, patients were taken to the recovery room before their discharge. There was a handover of the patient from the nurses in the procedure room to the recovery room nurses. Patients were given written information about their procedure and their sedation. They were given emergency contact numbers and numbers to contact about their results if they did not hear anything from the trust.

The service did not accept patients with a high risk of bleeding. The service did undertake polyp removal, but an assessment was made of the size and nature of the polyp by an experienced endoscopist before patients were accepted onto the list.

Any suspicious findings from the procedure were reported by the endoscopists. They could immediately refer the patient to the relevant multi-disciplinary team for treatment. Additional diagnostic tests could also be ordered to support any findings. The findings would be reported back to the referring consultant.

Not all the endoscopists who worked for the service worked in the referring trust. The service had managed to obtain referring rights for some of the endoscopist though some of them didn't have these rights. The service had designed a procedure reporting sheet and all procedures, and their outcomes were documented on the sheet. This ensured that the managing director of the service was aware of the outcomes of all procedures that had taken place. There was also a procedure summary sheet which provided information about any patient cancellation. The cancellations needed to be followed up as many of the patients were referred on the urgent 2 week wait cancer pathway.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave staff a full induction.

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

There were about 60 staff employed by the service ranging from health care assistants to consultant endoscopists. The service had a 90% retention rate for staff.

Endoscopy

On the day of the inspection there was a nurse to book patients in and to consent them, 2 nurses in each of the 2 procedure rooms and 2 nurses in the recovery area. There were 2 health care assistants who were working in the decontamination room and a lead nurse who was supernumerary. Staff told us that these were the normal staffing levels and that there were always 2 nurses in the procedure room, the recovery room and the decontamination room.

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

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

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

Records

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

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

The record was completed at each stage of the patient journey, and we saw that staff worked through the record before handing the record over to the next member of staff. The consultants and nurses completed the documentation during the procedure including the World Health Organisation checklist and the track and trace details for the scope(s) used in their procedure. The document was then passed through to the recovery team. The patient was not discharged until the discharge checklist had been completed and signed off by a trained member of staff.

The lead nurse checked 5 of the records at the end of the day to ensure that all the records had been completed. This was recorded.

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

Medicines

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

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

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

The service used an anaesthetic throat spray on all the gastroscopy patients. Patients could request sedation which was moderate sedation so that they were awake but relaxed and they did not feel any pain.

Endoscopy

The sedatives used by the service were controlled drugs (CD). These were stored in locked cupboards in the procedure rooms and the service followed trust policy for the safe storage and checking of the controlled drugs. We saw that the CD's were checked, and this was recorded by the service before the sessions started and at the end of the sessions. Staff documented the amount that was used and any discarded amounts of the drugs. The lead nurse told us that they checked the CDs in both treatment rooms even if they were not using both of them.

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

Patients could request Entonox gas for use during their procedure. This acted as pain relief but did not relax the patient. We saw that a patient used Entonox during their procedure. Patients could drive home if they had received Entonox gas as the effects wear off very quickly. One of the nurses in the procedure room supported the patient while taking the gas.

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

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

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

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

The service had no never events and no serious incidents since it started in 2017.

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

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

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

Is the service effective?

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

Endoscopy

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service used guidance from the National Institute of Health and Care Excellence (NICE) and the British Society of Gastroenterology.

Staff followed the endoscope pathway which was used by the trust and was evidence based.

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

Nutrition and hydration

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

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

Pain relief

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

Patients could request sedation before their procedure. The sedation helped to control anxiety and pain or discomfort.

There was the option of Entonox gas for patients. This helped to reduce pain but did not reduce anxiety.

As part of the patient survey, patients were asked about their comfort levels during the procedure. In the period 1 November 2022 to 31 January 2023, 192 patients responded to the survey. Less than 10 patients responded negatively while most responses were good or very good. When asked about their comfort levels after the procedure the vast majority responded good or very good.

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

Patient outcomes

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

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

There was a programme of audits to monitor the service and to check improvement over time. Some of these audits were national and some were completed by the service. The service was JAG accredited and JAG collected an extensive amount of audit data for their accreditation process.

Endoscopy

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

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

The endoscopists for the service met their key performance indicators. In the period October 2022 to January 2023, the colonoscopy completion rate was 93%.

Managers used information from the audits to improve care and treatment. An example of this was the caecal intubation rate (CIR). This is the percentage of procedures that are completed to the caecum, indicating a completed procedure in terms of intubation. The target for the indicator is a minimum of 90% and the service had achieved 93% overall for the year 2022.

The service could treat conditions during the procedure such as colitis and threadworms. This meant patients did not have to be referred for further treatment and procedures. This was because many of the consultants were also gastroenterologists.

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 consultants who worked for the service had achieved and maintained their competences with JAG. The service also required a copy of their annual appraisal from their consultants employing trust to provide evidence of endoscopy competency.

Endoscopist competence was reviewed every 4 months for procedures undertaken for the service. The lead consultant would work with the endoscopist to improve their competence if their key performance indicators were below the standards set for the service.

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

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

Multidisciplinary working

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

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

The service worked with other staff in the trust to support patient outcomes.

Endoscopy

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

Patient care was discussed at the monthly staff meetings.

Health promotion

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

The service had relevant information promoting healthy lifestyles.

There was information about smoking cessation on all the information given to patients.

Staff assessed each patient's health and provided advice and feedback to patients after their procedure.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff made sure patients consented to treatment based on all the information available. The first consent for the procedure was made by the referring consultant and patients were provided with information and guidance before their procedure.

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

Patients who lacked capacity could be referred to the service. The referring consultant would complete the necessary paperwork including consent form 4 before making the referral.

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

Is the service caring?

Good 

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

Compassionate care

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

Endoscopy

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw that patients were asked to bring a dressing gown to wait in before then went into the procedure room. Gowns were available for patients who did not have a dressing gown. Patients who were having a lower gastrointestinal procedure were given shorts to wear to respect their privacy and dignity.

In the patient survey for 1 November 2022 to 31 January 2023 patients were asked about the nurses and doctors' personal manner in terms of courtesy, respect, sensitivity, and friendliness. Of the patients who responded to the question, all rated them as good or very good. When asked how well they were cared for, all patients who responded said that the care was good or very good.

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

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

Staff followed policy to keep patient care and treatment confidential.

Emotional support

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

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

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

Patient feedback from the survey 1 November 2022 to January 2023 included "the staff helped me to get through the procedure, I wouldn't have been able to get to the end of the procedure without staff support". Another said "I was very nervous; all staff took time to reassure me but maintained professionalism and adherence to procedures. All staff explained everything at every stage." A patient said that "the consultant listened and suggested adaptations to meet my specific needs. He made me feel ok about stopping if needed."

We saw that staff were empathetic with patients when breaking bad news. Patients and their relatives were taken to a comfortable room where private conversations could take place.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Patients were asked to feed back about their care and treatment at the end of their procedure using an electronic device.

In the patient survey for 1 November 2022 to 31 January 2023 192 patients responded to the survey. Patients were asked about the listening skills of the nurses and all the patients who responded said that these were good or very good.

In 2022, 99% of the patients rated the service as good or very good.

Endoscopy

Patients were asked to rate the doctor's explanation of the procedure, all the patients who responded said that this was good or very good.

Is the service responsive?

Good 

Choose a rating

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

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

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

Managers planned and organised services, so they met the changing needs of the local population. The service was commissioned by the trust to help to address the increasing numbers of patients referred under the urgent 2 week wait rule.

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

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

Managers ensured that patients who did not attend appointments were contacted. All procedures were recorded on a sheet which was sent to the lead consultant for the service so that any patient who did not attend could be followed up.

Meeting people's individual needs

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

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

Interpreters could be used if the patient did not have English as their first language. The endoscope care pathway document indicated whether a patient would need an interpreter or support with sign language when the patient was referred to the service.

The unit was accessible to patients in wheelchairs and there were wheelchair accessible toilets. This was lift access to the unit. Patient mobility was noted on the endoscopy care pathway document.

Access and flow

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

Endoscopy

All patients were referred from the trust, so they had all seen a consultant who referred them to the service. The trust had commissioned the service to help address a back log of scoping procedures and to ensure that patients who were on the 2 week cancer pathway were seen as soon as possible.

There were inclusion and exclusion criteria which had been agreed with the trust to minimise adverse events or potential incidents.

Patients were booked into the service by the trust booking staff. The service had no control over appointment times and any gaps on procedure lists.

The service saw 6 patients in the morning and 6 in the afternoon. On arrival at the service, patients were booked in by the admitting nurse. There were generally 2 endoscopists working and each had their own list, however if one of the consultants was running behind the list was pooled so patients did not wait longer than they had to.

Following their procedure patients were taken to the recovery room before they were discharged. They received written information including the results of their procedure. Patients could be referred directly to the relevant cancer multi-disciplinary team meeting if appropriate. Further diagnostic tests could also be booked by the endoscopists.

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

Learning from complaints and concerns

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

Patients, relatives, and carers knew how to complain or raise concerns. This would be done through the trust's complaints policy and procedure. There was information about how to raise a concern in patient areas.

We heard from the trust that there had been 3 very minor complaints since the service commenced in 2017. They had been responded to within the trust policy and timeframe and to the satisfaction of the trust and the patients.

There had been 1 written complaint in 2022 which had been resolved.

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

Is the service well-led?

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

Endoscopy

Leadership

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

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

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

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

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

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

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

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

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

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

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

Endoscopy

The trust had very recently extended the contract for the service. This had given the service the opportunity to further develop the service now they knew the service specification for the next 3 years. Previously contracts had been short term and would be extended on a month-to-month basis which made it difficult to plan services and to retain staff.

The managing directors were looking to fund their own premises that would meet the Joint Advisory Group Standards (JAG) for gastrointestinal endoscopy which would allow them to carry out a wider range of procedures and could be offered for use by the trust to provide additional capacity. They were working with local commissioners and GPs to develop the services.

The service had been asked to develop the role of the nurse endoscopist by the trust. They had not yet started this, but were keen to move forward with this.

Culture

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

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

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

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

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

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

Governance

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

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

Endoscopy

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

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

Management of risk, issues, and performance

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

The risk register for the service was comprehensive and the management of the risk was recorded with mitigating actions and control measures until the risk was closed. If the risk scored highly it was put on the trust risk register so that the trust were aware of any risks from the service that could affect any key performance indicators.

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

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

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

The service had developed several high-level quality management objectives. This included staff turnover, numbers of incidents and complaints, to maintain key performance indicators and minimise gastroscopy complications. All the objectives had been achieved.

Information Management

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

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

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

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

Endoscopy

Engagement

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

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

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

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

Learning, continuous improvement and innovation

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

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

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

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

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