

InHealth Endoscopy Limited

InHealth Endoscopy - Suffolk Community Centre

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

We rated this service 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. The service controlled infection risk well. Staff assessed risks to patients, acted on them. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment to patients and provided pain relief if required. 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.

However:

- The service had not always maintained patient record keeping to the standard set out by the provider. Although the service had improved record keeping performance.

Summary of findings

Our judgements about each of the main services

Service

Endoscopy

Rating

Good



Summary of each main service

This was the first time we had rated this service. We rated this service as good because it was safe, effective, caring, responsive and well-led which meant the service was rated good overall.

Summary of findings

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Summary of this inspection

Background to InHealth Endoscopy - Suffolk Community Centre

Suffolk Endoscopy Service is operated by InHealth Endoscopy Limited. The service is located in Ipswich, Suffolk and serves the local population of Suffolk and North Essex. The service is commissioned by the local Clinical Commissioning Group to provide upper and lower gastro- intestinal endoscopic screening. The service also has a contract with a local NHS trust for endoscopy surveillance screening. In addition to NHS patients, the service also offers a service for private self-funding patients; however, the service had not received any requests for screening from private or self-funding patients in the year preceding the inspection.

The service was registered to provide:

- Diagnostic and screening procedures

The service offers the following endoscopy procedures:

- Activity from January 2021 to December 2021:
- The service carried out 1,292 endoscopy procedures
- Zero never events
- Zero Serious incidents

The service was last inspected in December 2013 prior to the comprehensive methodology of inspection being implemented which meant the service had not been rated. The service had a Registered Manager in place.

How we carried out this inspection

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 had designed and piloted a nurse triage process for all referrals into the service to ensure there were no delays in diagnostic endoscopy when patients did not meet the criteria for the service. The process was rolled out in all the provider endoscopy units in England.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **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.

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

Endoscopy services

Summary of this inspection

- The service should continue to demonstrate improvements in the accuracy of patient records and the World Health Organisation, five steps to safer surgery checklists.
- The service should ensure that clinicians complete the regular cleaning schedules when the endoscopy suite is not in use.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good 

Endoscopy

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

Are Endoscopy safe?

Good 

This was the first time we had rated this service. We rated safe 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 mandatory training completion rate for all staff was 100%. The registered manager had access to the staff's training records which provided information about mandatory training completion.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included but was not limited to modules such as sepsis awareness, infection prevention and control, basic life support for healthcare assistants and immediate life support for nursing and medical staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager received electronic alerts from head office when staff training was due to expire. They also had access to human resources systems which provided oversight of training completed by each staff member.

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 adults level two and safeguarding children level two training formed part of the annual mandatory training programme. The service did not perform endoscopy procedures on patients under the age of 18 years.

Staff had access to the provider's central safeguarding team to gain support with safeguarding concerns. The safeguarding team had completed training to level four in line with national guidance.

Endoscopy

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff understood their responsibilities to safeguard patients from harm and abuse. Staff talked confidently about the types of concerns they would raise and could gain support from the provider safeguarding leads through a dedicated safeguarding telephone service.

Staff had electronic access to the provider's safeguarding policy which set out the responsibilities of staff. The policy was within the review date and made reference to legislation and national guidance.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff had access to the local authority referral protocol in order to report safeguarding concerns.

Staff followed safe procedures for children visiting the service. However, the service did not routinely allow relatives or carers to enter the building due to COVID-19 control measures in operation to mitigate the spread of the infection.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All areas we visited were visibly clean and free from clutter. The building was laid out to enable a one-way flow of patients from arrival to exit.

The service performed well for cleanliness. Hand hygiene audits from October 2021 to December 2021 showed a compliance rate of 100% with the provider policy.

Staff completed prompt cleaning of endoscopy suites between patients and cleaned patient recovery rooms once a patient was discharged.

All clinical areas had daily cleaning schedules, which were completed when the rooms were in use. However, one endoscopy suite was used less frequently, and records showed that no cleaning was completed in this area when it was not in use. The room had not been used for a period of two weeks and no cleaning or checks had been completed by clinicians during this period.

The service required all patients to complete screening for healthcare associated infections prior to their procedure. This included COVID-19 testing three days before the planned procedure and isolation until the day of the procedure.

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Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore scrub uniforms with short sleeves and remained bare below the elbow to aid hand hygiene. During endoscopy procedures staff wore sterile PPE such as surgical gowns and gloves. All staff wore surgical face masks in line with national guidance to mitigate the spread of COVID-19.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service managed the decontamination of endoscopes and sterilised endoscopes following procedures. The service had specialised machines for the process of cleaning and sterilisation of endoscopes. The machines were well maintained by an external company through a service level agreement. All equipment was tracked and traced through cleaning, sterilisation, storage and for patient use.

Staff had dedicated roles during the endoscopy procedure lists. The service had dedicated staff who managed the decontamination of equipment.

The service completed annual audits in line with their Joint Advisory Group (JAG) accreditation of the service.

The service completed weekly water flushing in all rooms with sinks and water outlets to reduce the risk of water bourn infections. Records we reviewed demonstrated water flushing and sampling was completed without gaps.

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 service had two endoscopy suites and four single patient recovery rooms.

Patients could reach call bells and staff responded quickly when called. All patient rooms were equipped with patient call bells. Staff ensured patients knew where the call bells were and demonstrated how they worked if patients were unsure.

The design of the environment followed national guidance. The building was laid out in a circle, and patients moved through the building in a one-way flow from the waiting room to the exit. Each endoscopy suite had a designated clean to dirty circulation area in line with national guidance.

The service had secured swipe access doors leading to clinical areas which meant that only staff had full access to clinical areas. Patients were escorted by staff from the waiting room into clinical areas.

Staff carried out daily safety checks of specialist equipment. The resuscitation trolley was checked daily by staff and records demonstrated this without gaps. We checked the resuscitation trolley, all equipment was correct and single use equipment was in date. Staff kept comprehensive records of decontamination and sterilisation equipment checks.

The service had robust tracking and tracing systems that recorded each stage of the decontamination process for each endoscope. The service had their own endoscopes and did not use endoscopes across multiple locations.

The service had enough suitable equipment to help them to safely care for patients. All electrical equipment used in the care of patients had annual servicing and portable appliance safety testing. All electrical items we checked were up to date with this testing.

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Staff had processes in place to rotate single use equipment to ensure items did not exceed their expiry date. We checked a range of single use equipment such as syringes, needles and intravenous cannular dressings which were within their expiry date.

The service had suitable facilities to meet the needs of patients' families. The waiting room and the recovery area were equipped with hot and cold drinks facilities. However, at the time of our inspection, the service requested that patient relatives and carers remained outside the building except in exceptional circumstance to minimise the spread of COVID-19.

Staff disposed of clinical waste safely in clinical waste bins located in each of the clinical rooms. The service used a third-party provider for the collection of clinical waste, through a service level agreement.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. Staff used the National Early Warning System (NEWS) to record patient's physiological observations. All staff spoke confidently about the process to identify a deteriorating patient and how to escalate concerns to medical staff in the event of an emergency and whether to call for an emergency NHS ambulance.

The service had an inclusion and exclusion criteria to ensure patients were seen by the right service at the right time. The service followed national guidance for community endoscopy to reduce the risk of complications associated with biopsies and polyp removal.

Nursing staff triaged all referrals into the service to ensure patients met the criteria of the service. This meant that complex patients who needed an endoscopy within an NHS hospital were not delayed.

Staff completed telephone pre-assessment with all patients prior to their procedure. Each patient received information following their procedure with a telephone contact number to gain advice both when the service was open and for the local NHS hospital outside of opening hours.

The service completed the World Health Organisation five steps to safer surgery for all patient procedures. The service audited the completion of the checklist three months (quarterly). We review the five steps to safer surgery checklist from January 2021 to December 2021, which demonstrated 100% compliance for the audits completed in January, April and July. However, there was a decline in the performance in the October audit which showed that 10 checklists had been completed correctly out of 26 records audited. The main theme was a missing signature. The further audit for January 2022 showed an improvement. The audit reviewed 18 checklists and out of these 16 had been completed fully and correctly.

Staff knew about and dealt with any specific risk issues. Staff completed venous thromboembolism risk assessments on admission. As patients were usually in the building for less than three hours therefore other risk assessments were not in place.

Staff shared key information to keep patients safe. Staff had daily huddles every morning to share safety information and review the procedure list.

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Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. The service followed national guideline to ensure endoscopy staffing met safe levels in the endoscopy suite, recovery and the decontamination area.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance. The calculated staffing based on procedure lists and in line with Joint Advisory Group (JAG) guidance.

The manager could adjust staffing levels daily according to the needs of patients. The registered manager was able to plan staffing in advance based on procedure list bookings as all procedures were booked in advance.

The service had low vacancy rates. The service had three unfilled vacancies for nursing and healthcare assistants. The service employed eleven registered nurses and five healthcare assistants.

The service had low turnover rates. The registered manager told us that staff employed by the service had been in post for over a year.

The service had reducing sickness rates. The average sickness rate of staff was 3.4% from January 2021 to December 2021. The service had a high sickness rates in January and February 2021 of 4% this reduced from March to May 2021. Sickness rates increased again in July and August 2021 to 7.2% and 6.1% respectively. The sickness rate included COVID-19 self-isolation.

The service had reducing rates of bank and agency nurses. The service used agency staff to cover 71 shifts in February and March 2021. From April 2021 to August 2021 the service used agency to cover 26 shifts and from September 2021 to December 2021 no shifts were covered by agency staff.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The registered manager told us they limited the number of agency staff as the service required a specific skill set and staff with established competencies for the care of endoscopy care. The agency did not always ensure staff had endoscopy competencies.

Managers made sure all bank and agency staff had a full induction and understood the service. The service did have bank staff, all bank staff were required to complete the same induction as substantive staff with competency sign off. Agency staff were given a local induction to the service and their competencies for endoscopy were discussed, documents we reviewed confirmed this.

Medical staffing

The service had enough medical 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 locum staff a full induction.

The service had enough medical staff to keep patients safe. Medical staff worked under practising privileges. The clinical lead for the service was employed by the local NHS trust. The clinical governance team and operations team,

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maintained oversight of all doctors with practicing privileges and monitored mandatory training completion in line with provider policy. The clinical lead for the service assisted with vetting medical staff prior to practicing privileges being agreed and followed up when medical staff did not provide the required documentation to maintain practicing privileges.

The service had six consultants who completed sessional lists for endoscopy procedures and were responsible for reviewing pathology results for their patients and liaising with NHS trusts and patient GPs.

Managers could access locums when they needed additional medical staff. The operations team was able to book locum consultants to cover sickness and annual leave.

Managers made sure locums had a full induction to the service before they started work. The registered manager ensured that locum consultants completed a local induction of the building and patient pathways.

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 and records were stored securely. The service used paper-based records which were stored securely when they were not in use by staff.

Staff completed pre-admission information through telephone pre-assessment appointments. Staff checked and updated pre-assessment information with patients prior to their procedure before gaining written consent.

We reviewed 10 sets of patient records, all records were contemporaneous, legible, signed and dated. Staff had demonstrated that staff had recorded patient information correctly.

The service completed records audits alongside the World Health Organisation five steps to safer surgery check list audits. From August 2021 to October 2021 of the 16 records audited none of the records had been completed fully from admission to discharge. However, there was a significant improvement in the results of the documentation audit completed from November 2021 to January 2022, where 17 out of 18 records had been completed correctly throughout the patient journey.

Each endoscopist either doctors or nurse specialist were responsible for checking pathology results and referring patients to the local NHS hospital following any abnormal results. They were also responsible for providing reports to each patient's referring GP.

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. The service had patient group directives in place for the use of medicines such as Nitrous Oxide and sedation. The patient group directives were within the reviewed date and they had been signed by appropriate professionals.

Staff completed medicines records accurately and kept them up-to-date. We reviewed 10 patients records which demonstrated that medicines administered were recorded correctly and the prescription records had been signed and dated.

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Staff stored and managed all medicines safely. The service kept medicines in locked cupboards within procedure rooms. Staff kept medicines in a locked trolley in the recovery area. Medicines we checked were stored correctly and were within their expiry date. Controlled Drugs (CDs) were stored in a home office approved wall mounted cupboard. CDs are subject to strict legal controls and legislation determines how they are prescribed, supplied, stored and destroyed. We reviewed stock levels which matched the reconciliation records. Stock levels were checked at the beginning and at the end of the day.

Staff learned from safety alerts and incidents to improve practice. The provider shared learning from incidents across all locations. The registered manager shared learning following medicines incidents in the team meetings. The service had no medicines incidents from January 2021 to December 2021.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff had access to the electronic incident reporting systems, including bank staff. Staff gave example of the types of incidents or near miss events they would report, such as equipment faults.

Staff raised concerns and reported incidents and near misses in line with the service's policy. All staff had access to the electronic incident reporting system to report incidents or near misses. Staff told us they could access the incident reporting system to report incidents.

The service had no never events. The registered manager had oversight of all incidents reported within the service. We reviewed the incident log which demonstrated that the service had not reported a never event from January 2021 to December 2021.

Managers shared learning with their staff about never events that happened elsewhere. The provider shared learning following serious incidents and never event with all locations. The registered manager told us that shared learning across provider locations was a well-established process. The minutes for the quarterly clinical quality sub-committee from January 2021 to October 2021 demonstrated shared learning across locations.

Staff reported serious incidents clearly and in line with the service's policy. Staff were clear about their responsibility to report incidents for learning and improvement. The service had not reported any serious incidents from January 2021 to December 2021.

Staff understood the duty of candour. They knew the requirement of being open and transparent, and to provide patients and families a full explanation when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff told us they received feedback after reporting an incident. The registered manager completed actions and updates within each incident log, Incident records confirmed this. The provider governance team had oversight of incidents which were discussed every week.

Endoscopy

Are Endoscopy 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 protected the rights of patients subject to the Mental Health Act 1983.

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 World Health Organisation, five steps to safer surgery checklist, Royal Colleges 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, the service had achieved 100% compliance with hand hygiene audits.

The service had an annual programme of internal audit which was used to benchmark the service against other services in the provider group.

Nutrition and hydration

Staff gave patients food and drink when needed.

Patients were informed to arrive to appointments fasted at the time of their bookings and were reminded during pre-assessments on the telephone. The service followed national guidance for fasting times and bowel preparation for all procedure types.

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.

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-assessment, 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 and administered 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.

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Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited the Joint Advisory group (JAG).

Outcomes for patients were positive, consistent and met expectations. The service had key performance indicators (KPIs) in place to monitor performance the service's performance consistently met the KPI standards in all areas. The service had a caecal intubation target rate of 95%, data provided by the service demonstrated this had been met consistently from January 2021 to December 2021.

Managers and staff used the results to improve patients' outcomes. The service monitored the outcomes of all procedures and reviewed the outcomes for individual clinicians who undertook procedures to identify required improvements. An example of individual clinician measures was the caecal intubation rate for each endoscopist.

The service achieved Joint Advisory Group (JAG) accreditation and maintained their 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. 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 100%. 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. Staff told us they had access to team meeting minutes if they were unable to attend a team meeting.

Managers gave all new staff a full induction tailored to their role before they started work. All new staff completed a provider corporate induction. Staff had a twelve-week probationary period in order to complete competencies required for their role which formed their local induction.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All new staff were allocated a mentor in order gain the required competencies for their role.

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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. Endoscopists and nursing staff discussed patients and their care needs before each procedure list.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service engaged with local GPs about the patient referrals. Staff took time to advise GPs about the best referral routes based on patient needs. The service also had established processes in place for patients with abnormal findings to ensure they were discussed by the cancer multidisciplinary teams at the local NHS hospitals.

Endoscopists completed reports for their patients which the service sent electronically to the GP referrer.

Seven-day services

Key services were available to support timely patient care.

The unit opened seven days a week from 8am to 6pm.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. The service provided patients with health promotion information. Staff discussed health promotion with their patients during the pre-assessment process and when they attended for their procedure. The service had information leaflets about diet and lifestyle for patients to take away.

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 completed training about the Mental Capacity Act and Deprivation of Liberty Safeguards, which formed part of the mandatory programme. Staff knew their responsibility in relation to the Mental Capacity Act.

Clinical staff received and kept up to date with training in the Mental Capacity Act. Mental Capacity Act training formed part of the mandatory training programme. Records held by the registered manager showed that 100% of staff had completed this training.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff gained informed written consent from patients after a discussion about the risks and benefits of the procedure.

Staff clearly recorded consent in the patients' records. We reviewed ten sets of patient records which demonstrated that written consent had been completed correctly.

Endoscopy

Are Endoscopy caring?

Good 

This was the first time we had rated this service We rated caring 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 in a respectful and considerate way. Staff ensured that each patient had privacy during their pathway through the service. Staff were friendly, kind and engaged well with their patients and patient feedback confirmed this.

Patients gave positive feedback about the service. The service performed well in the 2021 patient survey where 100% of patients rated the service as good, very good or excellent. The survey showed that 69% of patients rated the service as excellent.

Patients said staff treated them well and with kindness. Patient feedback was consistently positive, and patients praised staff for their kindness and making patients feel comfortable.

Staff followed policy to keep patient care and treatment confidential. Staff provided care and treatment in private rooms, they always maintained privacy and dignity.

Emotional support

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

Staff gave patients help, emotional support and advice when they needed it. Patient feedback confirmed this with patients reporting they felt at their ease and support by staff through their procedure.

Staff demonstrated empathy when having difficult conversations. Staff gave patients results after their procedure and sensitively explain any abnormal findings and the next steps following the procedure. Staff also discussed abnormal finding with the patient's GP to ensure they had ongoing support after the procedure.

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 impressed upon us the importance of supporting their patients emotionally. They reassured patients, trying to put them at ease throughout the endoscopy process.

Understanding and involvement of patients and those close to them

Staff supported patients 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. Staff talked with patients in a way they could understand and took time to answer any questions both during the pre-assessment call and on the day of the procedure.

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Staff talked with patients, families and carers in a way they could understand. Patient feedback was consistently positive about staff taking the time to explain their procedure and care. One patient reported that “staff are extremely informative and helpful”.

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.

Are Endoscopy responsive?

Good 

This was the first time we had rated this service We rated responsive 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. 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 people who use the service. The service planned services in consultation with the local clinical commissioning group and local NHS trust. The service was commissioned to provide community-based endoscopy service through GP referral. They also had a service level agreement with a local NHS for surveillance procedures.

The unit was open seven days a week and provided elective endoscopy procedures by appointment only, at a time to meet the needs of the patient group. Appointments were arranged on the telephone through the provider’s central booking team. The service also offered some appointments for privately funded patients.

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.

Facilities and premises were appropriate for the services being delivered. The service occupied the first floor of a building with stair and lift access. The service required all patients to be mobile to safely transfer on a trolley.

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. They coordinated care with other services and providers.

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

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

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Staff had access to communication aids to help patients become partners in their care and treatment. 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.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had a short waiting list. Staff triaged referrals within two working days. Patients referred as urgent pathways were contacted to book an appointment within two working days and routine referrals within two weeks.

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. The provider monitored the referral to treatment times. The service monitored pre-ure reporting times for GP correspondence to ensure they remained in line with national standards. The service had a service level agreement in place for pathology services. Endoscopists had a five-day turnaround target for reports once pathology results were received. This was met, with exception reporting for complex pathologies where additional examination was required.

Managers worked to keep the number of cancelled appointments to a minimum. Managers monitored cancellations and patients that did not attend their appointment. The service had a cancellation rate of 11% from January 2021 to December 2021. The main reason for cancellations was due to positive COVID-19 results following a PCR test.

The rate of patients that did not attend their booked appointment was 1% from January 2021 to December 2021. All patients that did not attend were followed up with a telephone call in line with the provider's policy.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. The service advised the provider's central booking team to rebook patients following a cancellation.

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.

The service clearly displayed information about how to raise a concern in patient areas. Patient complaints information was available in all patient areas of the building. Patients could also obtain information about how to complain on the provider's website.

Staff understood the policy on complaints and knew how to handle them. Staff received customer care and complaints training, which formed part of the mandatory training programme.

Endoscopy

Managers investigated complaints and identified themes. The registered manager had a complaints log with was updated following complaints investigation. The provider held weekly quality meeting where senior leaders discussed all complaints and agreed responses.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We reviewed three complaints and their responses which demonstrated that complaints had been managed in line with the provider's complaints policy.

Managers shared feedback from complaints with staff and learning was used to improve the service. The service displayed information about you said, we did. One patient had complained about feeling cold in the procedure room. The service had purchased portable heaters to maintain a comfortable temperature for patients.

Are Endoscopy well-led?

Good 

This was the first time we had rated this service. We rated well-led 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.

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.

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 registered 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 a vision to make healthcare better by working with hospitals, clinicians and commissioners across the NHS; to reduce waiting times, speed up diagnoses, saving money and improving overall patient experience.

The service contributed to achieving the organisation strategy by working with commissioners and local NHS trust to reduce endoscopy waiting times for people living in Suffolk and the surrounding area.

Endoscopy

The provider's organisational strategy in order to achieve the vision was underpinned by the organisational values. Staff demonstrated the provider values of trust, care, passion and fresh thinking.

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 their work. They enjoyed working for the service; they were enthusiastic about the care and services they provided for patients. They described the service 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.

Governance

Leaders operated effective governance processes, throughout the service. 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 service set out clear roles, responsibilities, and systems of accountability to support good governance and management of the service. Staff we spoke with described the service's management and governance structure and their specific roles and responsibilities.

The service had effective data collection processes, which provided the management team with service level assurance. The service participated in local level audits to demonstrate assurance of safety and quality.

Senior leaders at provider level met weekly to monitor safety and quality such as incidents and complaints. The area operations manager attended these meetings and provided feedback to the registered manager.

The registered manager discussed quality and safety with the local team during monthly staff meetings. Staff also gained information about safety and quality through morning safety huddles.

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 provider services.

There was a systematic programme of clinical and internal auditing to monitor the quality and safety of the service.

Endoscopy

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 supply chain interruptions following the exit from the European Union; Continuous changes in national guidance due COVID-19 and the requirement for patient to be swabbed and isolate before the procedure and difficulty in procuring onsite training for immediate life support and basic life support due to the COVID-19 pandemic. We saw that each of the risks had mitigating actions in place, with a review date. Senior managers discussed risks 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. A hard copy of policy documents was kept in each of the procedure rooms for quick reference.

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.

The service used paper records for pre assessment, the procedural notes and recovery. Staff kept records securely when not in use. Endoscopists used electronic systems for reporting and sent these securely to the referring GP.

Engagement

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

The service engaged with local GPs to answer questions and queries related to the right referral pathway for patients. The service was the first port of call for GPs if they were unsure if a patient was suitable for a community endoscopy service.

The service completed annual patient feedback surveys, 100% of patients surveyed in 2021 rated the service as good, very good or excellent.

The service held monthly staff meetings to share information about safety, quality and performance. The registered manager also disseminated corporate updates to staff.

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.

Endoscopy

The service had piloted nurse triage for all referrals for the service. The clinical lead told us that they had provided training to the nursing staff to ensure that patients' needs could be safely met by the service. The clinical lead explained that nurse triage meant that complex patients that required a higher level of care could be referred in a timely way to local NHS trusts at the point of triage rather than waiting for an appointment at the service to identify this. The provider had rolled out nurse triage for referrals at all locations offering endoscopy procedures.