Westcliffe Health Innovations Limited

Eccleshill Treatment Centre

Inspection report

Newlands Way
Eccleshill
Bradford
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Date of inspection visit: 1 December 2021
Date of publication: 04/02/2022

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?	Requires Improvement

Summary of findings

Overall summary

We rated this location 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, gave patients enough to eat and drink, 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. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions.
- 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.

However:

- The vision and values were not embedded and there was no strategy with key performance indicators to support monitoring of the delivery of the vision;
- The culture around staff challenging poor practice required further embedding. For example, we found two instances where staff could have challenged poor practice but did not do so.
- Documented governance of outpatients, except for perhaps endoscopy related outpatient services, was absent. It appeared all governance of outpatients was operated through the endoscopy end-users meetings. Outpatients lacked a focussed governance meeting forum.
- We found there was no effective risk management policy and the risks we found on inspection did not match the risks on the service's risk register.
- Information management required improvement. For example, we found a major breach of good practice in information governance.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	We rated this location 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 most 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, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff engaged in clinical audit to evaluate the quality of care they provided. staff worked well together as a multidisciplinary team. • 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 and involved them in care decisions. • The service planned care to meet the needs of local people, took account of patients' individual needs, and people were able 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 felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

Summary of findings

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 did not have a robust process to check the cleanliness and state of its premises.
- Not all substances hazardous to health were stored securely. Not all stock was well managed or stored effectively. We found medical records did not always contain personal information relevant only to the named patient.
- There were no leaflets or information displayed in patient areas about how to raise a concern or complaint.
- Not all staff understood the service's vision and values, and how to apply them in their work. The service's internal governance processes, policies and documentation were not always available to provide managers with assurance on all aspects of performance and risk. Staff files were not all complete and did not meet requirements to grant practising privileges or meet the fit and proper person's requirement for directors and senior managers.

The main service provided by this provider was medicine services, being endoscopy procedures. Where our findings on outpatients and surgery, for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the medicine service.

Medical care (Including older people's care)

Good

We rated this location 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 most medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers

Summary of findings

monitored the effectiveness of the service and made sure staff were competent. Staff engaged in clinical audit to evaluate the quality of care they provided. staff worked well together as a multidisciplinary team.

- 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. Endoscopy services were available seven days a week.
- 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 and involved them in care decisions.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and people were able 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 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:

- Not all medicines were stored safely with temperature controls in place where medicines were kept in places other than regular medicine storage environments. Not all substances hazardous to health were stored securely. Not all stock was well managed or stored effectively. We found medical records did not always contain personal information relevant only to the named patient.

Summary of findings

- The telephone preassessment process for endoscopy patients was not always completed thoroughly and there was no audit process to check staff and records identified relevant risks to patients prior to procedures.
- There were no leaflets or information displayed in patient areas about how to raise a concern or complaint.
- Leaders, but not all staff understood the service's vision and values, and how to apply them in their work.
- The service's internal governance processes, policies and documentation were not always available to provide managers with assurance on all aspects of performance and risk.
- Staff files were not all complete and did not meet requirements to grant practising privileges or to meet the fit and proper person's requirement for directors and senior managers (Regulation 5(2)).

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Outpatients

Good

We rated this location 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, gave patients enough to eat and drink, 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. Key services were available seven days a week.

Summary of findings

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions.
- 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.

However:

- The vision and values were not embedded and there was no strategy with key performance indicators to support monitoring of the delivery of the vision;
- The culture around staff challenging poor practice required further embedding. For example, we found two instances where staff could have challenged poor practice but did not do so.
- Documented governance of outpatients, except for perhaps endoscopy related outpatient services, was absent. It appeared all governance of outpatients was operated through the endoscopy end-users meetings. Outpatients lacked a focussed governance meeting forum.
- We found there was no effective risk management policy and the risks we found on inspection did not match the risks on the service's risk register.
- Information management required improvement. For example, we found a major breach of good practice in information governance.

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Summary of findings

Contents

Summary of this inspection

Background to Eccleshill Treatment Centre

The Eccleshill Treatment Centre is registered to provide care and treatment for people requiring diagnostic procedures, surgery and treatment of disease, disorder or injury, on a day case basis with no overnight stay.

The provider is registered to provide the following regulated activities:

• surgical procedures

• Treatment of disease, disorder or injury

• diagnostic and screening procedures

The provider has a manager registered with CQC.

This was the first time the service has been inspected.

The main service provided by this provider was medicine services, being endoscopy procedures. Where our findings on outpatients and surgery, for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the medicine service.

How we carried out this inspection

During the inspection visit, the inspection team:

• visited consultation rooms and treatment rooms, looked at the quality of the environment and observed how staff were caring for patients

• spoke with the registered manager

• spoke with 36 members of staff including consultants, nurses, healthcare technicians, and administrative staff

• spoke with 15 patients who were using the service

• reviewed 25 client care and treatment records

• looked at a range of policies, procedures and other documents relating to the running of the service.

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

Our inspection team was overseen by the Sarah Dronsfield, Head of Inspection, North East Region, and the team included two CQC inspectors and a doctor and a nurse.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- The service had developed a system with partner services whereby patients could access an online questionnaire and access urgent treatment without requiring a GP referral. This process continued to be used across the local healthcare system and we spoke with patients who had received early diagnosis and treatment during out inspection after accessing it.

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.

MEDICAL CARE

Action the service MUST take to improve:

- The service must ensure that the system and process used to confirm that individuals, appointed as a director of the service provider or someone performing those functions, satisfy the necessary requirements, and is monitored for completeness (Regulation 5 (2)).
- The service must ensure internal governance processes, policies and documentation are fit for purpose, up to date, and provide managers with assurance on all aspects of performance and risk (Regulation 17) Good governance.

Action the service SHOULD take to improve:

- The service should ensure that all substances hazardous to health are stored securely at all times.
- The service should ensure that all stock is well managed.
- The service should ensure the preassessment process is completed thoroughly to identify relevant risks to patients prior to procedures.
- The service should ensure all medicines are stored safely and temperature controls are in place where medicines are kept in places other than regular medicine storage environments.
- The service should consider clearly displaying information in patient areas about how to raise a concern or complaint.
- The service should ensure the leaders' vision and strategy for the organisation are shared and all staff are involved in the development of them.
- The service should ensure medical records contain personal information relevant only to the named patient.

SURGERY

Action the service MUST take to improve:

Summary of this inspection

- The service must ensure that the system and process used to confirm that individuals, appointed as a director of the service provider or someone performing those functions, satisfy the necessary requirements, and is monitored for completeness (Regulation 5 (2))
- The service must ensure internal governance processes, policies and documentation are fit for purpose, up to date, and provide managers with assurance on all aspects of performance and risk (Regulation 17)

Action the service SHOULD take to improve:

- The service should ensure that all areas of the premises and equipment are kept clean.
- The service should ensure that all stock is well managed.
- The service should ensure all staff understand the service's vision and values, and how to apply them in their work.
- The service should ensure all staff files are complete and include all documents required such as job descriptions and all records required to grant practising privileges.
- The service should ensure all clinical areas are clean and well maintained.

OUTPATIENTS

Action the service MUST take to improve:

- The service must ensure that the system and process used to confirm that individuals, appointed as a director of the service provider or someone performing those functions, satisfy the necessary requirements, and is monitored for completeness (Regulation 5 (2))
- The service must ensure it assesses, monitors and improves the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (Regulation 17(2)(a))
- The service must ensure that records of each service user, including the record of any care or treatment provided to the service user and of decisions taken in relation to any care and treatment provided are secure (Regulation 17 (2)(c))

Action the service SHOULD take to improve:

- The service should ensure that notices and leaflets on how to complain about the service are displayed at the location and that the service's website contains an up to date version of the service's complaints policy.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Requires Improvement	Good
Medical care (Including older people's care)	Good	Good	Good	Good	Requires Improvement	Good
Outpatients	Good	Insufficient evidence to rate	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Good

Surgery

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

Are Surgery safe?

Good

Mandatory training

See under 'Medical care (including older people's care)'.

Safeguarding

See under 'Medical care (including older people's care)'.

Cleanliness, infection control and hygiene

The service controlled most infection risks 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 mostly clean and had suitable furnishings which were clean and well-maintained

The service generally performed well for cleanliness. The local trust IPC team carried out regular audits and the latest results showed 100% compliance. However, we found a ceiling vent in the theatre area was visibly dusty. This had not been identified in IPC audits or by staff who worked in the area on a daily basis, but it was actioned immediately when we discussed this with staff.

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.

There were four theatres, only two of which were in use during our inspection. Both theatres were equipped with laminar flow systems and integrated scrub-up and preparation areas. There were two shared anaesthetic rooms. All theatre areas were clean with supplies stored safely and securely.

One unused theatre had been converted for use as a stock room and another had previously been used for diagnostic imaging and this equipment had been decommissioned. This theatre was set aside for use by another provider. Leaders told us they hoped one day to reinstate their contract to provide diagnostic imaging. The theatres were used for minor surgical procedures under local anaesthetic and included plastic surgery procedures, most of which were removal of skin lesions.

Good

Surgery

Patients were accompanied by staff throughout their patient journey and could ask for help or support at any time during their stay at the service.

The design of the environment followed national guidance. There were three patient bays for post-operative recovery, all of which had piped oxygen, monitoring, and suction equipment to meet Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidelines.

Assessing and responding to patient risk

Staff completed risk assessments for each patient at pre-assessment and on admission, using a recognised tool. Consultations prior to procedures were not carried out at this service. Patients were either referred direct by their GP or would attend the local NHS Trust outpatient department prior to being referred to the service. There were clear acceptance criteria to ensure patients not suitable for a procedure at this service, away from support departments, or those requiring general anaesthetic would have their procedure in a hospital setting. Occasionally, referrals for patients who did not meet this criteria and had to be returned to the referrer. Staff told us they never felt pressured to accept a patient who was not suitable to have their procedure in a day case setting.

We spoke with a specialist plastic surgeon who explained all surgical lists were consultant led and they would follow the service policy to determine whether patients were treated here or by a colleague at the local NHS hospital.

All records contained complete World Health Organisation (WHO) Five steps to safer surgery proformas which included a checklist for each stage of every procedure. We also observed two procedures where WHO checklists were completed with all sign in and sign out documentation in line with national guidance. The service had audited the use and completion of WHO checklists and reported good compliance.

Staffing

See under 'Medical care (including older people's care)'.

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.

Records were stored securely. We reviewed three sets of patient records that were all complete.

Patient pathway documentation was used and completed for each procedure carried out. We observed staff carried out patient identification checks at all stages of each care pathway.

Medicines

See under 'Medical care (including older people's care)'.

Incidents

See under 'Medical care (including older people's care)'.

Are Surgery effective?

Good

Surgery

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

The service had a policy and protocol to support patients with specialist nutrition and hydration needs. Patients waiting to have surgery were not left nil by mouth for long periods. We observed staff providing information and support to a patient living with diabetes in line with national guidelines.

Pain relief

See under 'Medical care (including older people's care)'.

Patient outcomes

See under 'Medical care (including older people's care)'.

Competent staff

See under 'Medical care (including older people's care)'.

Multidisciplinary working

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

The service had introduced multidisciplinary surgical services meetings to discuss patients and improve their care although these were not yet run regularly. Managers ran user groups where consultants and staff attended meetings relevant to their specialty. This encouraged networking, appropriate referrals and full team discussions. Staff were regular participants in local care networks.

Health promotion

Staff gave patients practical support and advice to lead healthier lives. This included verbal and written advice on avoiding excessive sunlight and using sunscreen for patients who had undergone removal of skin lesions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

See under 'Medical care (including older people's care)'.

Are Surgery caring?

Good

Surgery

Good

Compassionate care
See under 'Medical care (including older people's care)'.

Emotional support
See under 'Medical care (including older people's care)'.

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.

We observed staff supporting a patient living with learning disabilities, accompanied by their carer, preparing for their procedure. They helped the patient to understand what would happen and how staff would help them throughout the procedure.

Are Surgery responsive?

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 needs of the local population. Theatre lists were consultant-led and were organised to meet local demand from GP referrals.

The service relieved pressure on local NHS hospital services when they could treat patients in a day.

Meeting people's individual needs
See under 'Medical care (including older people's care)'.

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

When patients had their operations cancelled, for instance following a patient's positive COVID-19 test or self-isolation requirements, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Good

Surgery

Learning from complaints and concerns

See under 'Medical care (including older people's care)'.

Are Surgery well-led?

Requires Improvement

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.

Leaders had introduced specialist team meetings with consultants attending senior team and governance meetings. However, these had not been fully established and did not have full and regular attendance. External meetings included local healthcare network meetings, local NHS Trust and commissioner meetings.

Consultant staff told us the service was well managed and organised. They had good administrative support and together they formulated theatre lists one to two weeks in advance. Staff told us there was no danger of them arriving for their list and having no knowledge of patients scheduled for surgery.

Vision and Strategy

The service had a vision for what it wanted to achieve and shared with the relevant stakeholders but they had not developed a strategy to turn it into action. Front line staff were aware of long-term goals to expand the service and knew this had not yet been developed due to the COVID-19 pandemic. Leaders focused on sustainability of services and aligned to local plans within the wider health economy and the ability to provide a very high standard of care. Staff were unable to describe the vision and leaders did not monitor its progress.

Visiting consultants told us the service provided urgent minor surgery for patients and, particularly during COVID-19 pressures, theatres were utilized well so that other work could be carried out in the NHS hospitals.

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.

Staff told us they liked to work at this service and, because of the good processes and streamlining, working felt more relaxed than at other services.

Governance

Leaders operated governance processes that were mostly effective, 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 majority of governance processes and documentation had been set up to support and manage the endoscopy service and we found very few additional processes to support other areas and services such as surgery within the

organisation. Minutes of user group meetings were clearly documented. However, these were not regularly attended by all consultants. We saw minutes that highlighted this and showed plans would be made to record where consultant attendance would be required to include a representative from each NHS Trust. Managers told us they were developing the systems for these services, but they did not provide any evidence of this.

We reviewed six staff files from a range of roles and specialties. There was no clear staffing policy or practice regarding granting and monitoring of practising privileges although managers did keep staff files, even though these were inconsistent and incomplete.

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.

Managers and the lead clinician collected data on all referrals, and procedures carried out and audited against national criteria, local NHS Trusts, and commissioners' requirements. They used this information to plan and prepare for future sessions, ensure they had sufficient staff with the relevant skills, and to check and manage performance targets and standards.

Some members of the team met at user group meetings, although these were not fully established or regularly attended. However, senior managers met monthly to discuss performance standards, incidents, and risks and they identified areas for improvement and learning which were cascaded to teams in staff meetings and huddles.

Information Management

See under 'Medical care (including older people's care)'.

Engagement

See under 'Medical care (including older people's care)'.

Learning, continuous improvement and innovation

See under 'Medical care (including older people's care)'.

Good

Medical care (Including older people's care)

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

Are Medical care (Including older people's care) safe?

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 most of their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. However, although some on-line training was continuing, face to face mandatory training had been paused during the COVID-19 pandemic but this had re-started and staff had attended basic life support training in the month prior to our inspection. Data provided following the inspection showed all staff had completed mandatory training. Consultants we spoke with said NHS Trust mandatory training had also been paused and some areas were now overdue. Managers were working hard to re-establish regular mandatory training for all staff.

The mandatory training schedule was comprehensive and met the needs of patients and staff. Clinical staff had completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

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. Data provided following the inspection showed all staff had completed safeguarding training for adults and children to level two.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. For example, staff explained the process they had followed when they suspected a patient may have been subject to domestic abuse.

Good

Medical care (Including older people's care)

Staff knew how to follow safe procedures for children visiting the clinic. However, during the COVID-19 pandemic no children had been allowed to accompany patients using the service.

Cleanliness, infection control and hygiene

The service controlled infection risks 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

The service generally performed well for cleanliness. The local trust IPC team carried out regular audits and the latest results showed 100% compliance.

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). All staff we observed followed correct handwashing principles and used PPE appropriately. The latest three handwashing audits had shown results between 98% and 100% compliance.

Staff cleaned equipment after patient contact. Staff used appropriate cleaning and decontamination materials for clinical and non-clinical 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.

All areas of the service beyond the reception and waiting room were accessible only by a swipe card and we observed all patients were accompanied by a member of staff throughout their clinic attendance. All patients were seen in single treatment rooms or theatres with closed doors. Patients waiting for procedures were allocated one of three curtained cubicles within sight and hearing of staff and staff responded quickly if called. Following procedures, patients were allocated a recovery area with a shower and toilet to use so that they could feel clean and comfortable as quickly as possible following their procedure. There were three of these post-operative procedure recovery bays and all had oxygen and suction equipment that met Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidelines. All bays had disposable curtains which were clean and in good condition. There were no mixed sex breaches and toilet facilities were separate for male and female patients. There was a separate toilet for use of patients with a disability.

There was an emergency trolley stocked with basic life support equipment in accordance with the local policy. This had a security tag and a log showed staff checked this regularly.

The design of the environment followed national guidance and had been assessed as compliant with JAG accreditation status. There were two fully equipped endoscopy rooms within the endoscopy suite and a scope decontamination unit. A recent JAG environmental check carried out on the endoscope decontamination unit in November 2021 showed full compliance had been maintained. There was a service level agreement for an alternative provider of the decontamination service should any part of the decontamination suite break down. There were clear decontamination records to show the status and location of every scope at any time.

The service had maintenance contracts for all specialist equipment and regular checks, calibrations and servicing were carried out and documented. Staff carried out daily safety checks of specialist equipment.

Good

Medical care (Including older people's care)

The service had suitable facilities to meet the needs of patients' families. Family members were not generally allowed to accompany patients, but we saw staff managing COVID-19 requirements when a vulnerable patient required the support of a carer.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

Staff stored chemicals and substances hazardous to health in three lockable cupboards in an area away from patient footfall. However, we found all three cupboards were locked with the keys left in the doors.

Items that were not single use were sent to a local external sterile services provider and the service had an SLA in place for a 12-hour turnaround.

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.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. We reviewed six patient records which all included completed risk assessments, observations and national early warning score (NEWS) completed.

Consultations prior to procedures were not carried out at this service. Patients were either referred direct by their GP or would attend the local NHS Trust outpatient department prior to being referred to the service. There were clear acceptance criteria to ensure patients not suitable for a procedure at this service, away from support departments, or those requiring general anaesthetic would have their procedure in a hospital setting. Occasionally, referrals for patients who did not meet this criteria and had to be returned to the referrer. Staff told us they never felt pressured to accept a patient who was not suitable to have their procedure in a day case setting.

Staff completed risk assessments for each patient at pre-assessment and on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff had access to referral letters and the local hospital electronic records. Some pre-assessments were carried out by a nurse through a telephone call with the patient. Staff told us they were allocated 15 minutes per call and sometimes this did not feel sufficient should a patient have a long medical history. We observed two calls taking place and nurses used a preassessment proforma and had to GP referral letter to hand during the call, but we observed staff did not read the referral letters thoroughly or pick up risks identified during the conversations with patients. For example, one patient declared a heavy alcohol habit and another was taking medication for high blood pressure. These were not discussed during the call or highlighted on the preassessment form and, therefore, posed the risk that they may not be suitable for their procedure. However, we noted all patients underwent another full preassessment on the day of their procedure and one consultant told us they found the preassessment process was very robust and they could not remember the last time a patient who did not meet the appropriate criteria for the service to turn up on the day of their procedure.

Staff knew about and dealt with specific risk issues regarding endoscopic procedures. These were documented as part of the patient pathway and reported through incident reporting and patient outcome reports to stakeholders.

There was a clear escalation policy and process for transfer of unwell patients to hospital. This was supported with a service level agreement with the local NHS Trust. Staff were trained in basic life support by staff from the local NHS Trust.

Good

Medical care (Including older people's care)

There was appropriate equipment to manage seriously ill or deteriorating patients, and the process for managing these patients included calling 999 for an emergency ambulance to take them immediately for NHS care and treatment. Staff told us they had carried out this process only once in memory when a patient had suffered a fit in the waiting area. Staff followed the process and the incident was managed safely. However, during our inspection we observed a patient being transferred to hospital following their procedure. This was done in a calm, safe, and timely manner.

Staff shared key information to keep patients safe when handing over their care to others. Discharge letters were provided electronically to referrers within agreed timeframes.

Staffing

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

The service had enough medical, nursing and support staff to keep patients safe. There were endoscopy lists every day and on some days the service ran additional surgery lists. Managers accurately calculated and reviewed the number and grade of doctors, nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

The number of doctors, nurses and healthcare assistants matched the planned numbers. The lead nurse managed staffing rotas and planned staffing up to four weeks in advance but also ensured last minute changes were accommodated and ensured all lists were fully staffed with appropriately trained and confident staff. There were two trained nurse endoscopists. The service maintained a checklist to show which staff were competent to take each type of procedure. The list included flexible sigmoidoscopy, colonoscopy and oesophago-gastro-duodenoscopy (OGD) endoscopy.

The service had low numbers of vacancies for nurses, with low turnover rates but some long-term sickness. Managers told us there were low numbers of staff on sick leave but because the team was small, this could have caused a problem but the regular team of bank staff were very keen and supported the team to fill rotas until vacancies could be filled and staff off sick could return. There were no vacancies for doctors, and mangers told us they had a waiting list for doctors with substantive posts at local NHS Trusts who were interested in joining the service.

Managers limited their use of regular bank staff who were familiar with, and understood the service. Managers made sure all bank staff had a full induction.

Consultants managed their own patient lists and ensured all patients were fully recovered before leaving the premises. The service provided day procedures only, so no medical cover was required overnight.

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. Records were stored securely in a locked trolley and cabinet. We reviewed ten patient records for endoscopy patients, and all were complete and up to date. Patient pathway documentation was used and completed for each procedure carried out. We observed staff carried out patient identification checks at all stages of each care pathway.

Good

Medical care (Including older people's care)

When patients attended for procedures there were no delays in staff accessing their records. Staff received referral information in advance of any procedure and had access to the local NHS Trust electronic patient records.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff provided bowel preparation medicines at pre-assessment. These were prescribed by consultants and given to patients by nurses. Nurses provided clear information and advice on self-administration by patients prior to their procedures.

Staff stored and managed most medicines and prescribing documents safely. However, we found some bowel preparation medicines in an unlocked cupboard in the pre-assessment room. Packaging stated the contents should be stored at temperatures less than 25 degrees Celsius. The room had no temperature check equipment so staff could not be assured the medicines would always be safe to use.

Staff completed medicines records accurately and kept them up-to-date.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between treatment areas.

Staff learned from safety alerts and incidents to improve practice.

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. The service provided examples of incidents which showed staff raised concerns and reported incidents and near misses in line with the provider policy.

The service had one never event which had been appropriately reported and notified. Managers shared learning about never events with their staff.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Managers debriefed and supported staff after any serious incident.

Staff received feedback from investigation of incidents, both internal and external to the service. There was evidence that changes had been made as a result of feedback. We saw completed root cause analysis for a recent incident with an action plan and lessons learned identified and shared. Staff had carried out duty of candour by offering a verbal apology. However, we did not see a written apology provided in this case.

Staff met to discuss the feedback and look at improvements to patient care during daily huddles and in governance meetings.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Good

Medical care (Including older people's care)

Are Medical care (Including older people's care) effective?

Good

Evidence-based care and treatment

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

Each specialism was led by a lead clinician with consultants who were specialists in their own area. All consultants held substantive posts at local NHS Trusts and shared national guidance with the team.

Clinical leads were responsible for reviewing and ensuring policies were up to date to plan and deliver high quality care according to best practice and national guidance. Clinical leads audited staff training and compliance with changes in national guidance.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. There was an standard operating procedure (SOP) for staff to follow when advising patient with diabetes to ensure safety when fasting for endoscopy and surgical procedures. Staff provided information to patients living with diabetes as part of the pre-assessment process and we observed a nurse noted a glucose test would be required on arrival for a patient's endoscopy procedure.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

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 achieved the Royal College of Physicians Joint Advisory Group on GI Endoscopy (JAG) accreditation.

The service participated in relevant national clinical audits and provided information on a wide range of service measures as part of their clinical commissioning group (CCG) contracts.

Good

Medical care (Including older people's care)

Outcomes for patients were positive, consistent and met expectations, including national standards. Managers and staff used the results to improve patients' outcomes.

Consultants we spoke with were very complimentary about the service. They told us the local NHS trust had strong links with Eccleshill for endoscopy and some had been working with the service for five years or more. One consultant told us “The endoscopy unit is the most efficient unit I work in. The pathways work and we get results. There are robust arrangements with local NHS Trusts to get necessary surgeries very quickly. They are much better than big hospital processes”.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These were required by clinical commissioning groups who contracted the service. Performance data was reviewed regularly at governance meetings and in local network meetings.

Managers used information from the audits to improve care and treatment. In the latest patient satisfaction survey, 41% of patients undergoing endoscopy stated the procedure felt more uncomfortable than expected. As a result of this managers had carried out an audit to find out if any consultants had higher pain or discomfort scores than others. They found some outliers in this data and the lead clinician met individually with consultants to discuss this and made effective plans to reduce this rate in future.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. For example, managers and the lead clinician for endoscopy monitored patient pain scores for each consultant providing endoscopy. When pain scores were higher than expected staff held discussions with consultants to identify areas where they could develop or amend their practice.

Managers shared and made sure staff understood information from the audits.

Improvement was checked and monitored.

The service was accredited by the Joint Advisory Group on GI Endoscopy (JAG). The most recent JAG accreditation report was provided in May 2021 for all aspects of care and treatment. The service met all clinical and environmental standards and actions from the previous assessment visit had been met.

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.

Managers gave all new staff a full induction tailored to their role before they started work. We saw nursing and support staff completed role specific competencies and were observed carrying out tasks. These were signed off by senior staff once competence was achieved.

Managers supported staff to develop through yearly, constructive appraisals of their work.

The lead clinicians supported the learning and development needs of staff.

Good

Medical care (Including older people's care)

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff received notes of meetings via email and meeting actions and outcomes were discussed in daily huddles, so any staff unable to attend meetings were kept informed.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff working in the endoscope decontamination suite completed specialist competencies in line with JAG requirements.

Managers identified poor staff performance promptly and supported staff to improve. We saw examples of action planning to support staff to improve knowledge and performance.

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. Lead clinicians ran user groups where consultants and staff attended meetings relevant to their specialty. This encouraged networking, appropriate referrals and full team discussions. Staff were regular participants in local care networks.

We saw whole staff teams working together and supporting each other to care for patients, provide a clean environment and equipment and providing effective clinical and pastoral care.

Consultants reviewed patient care pathways throughout their care and treatment. Two patient records we reviewed showed multidisciplinary team input appropriate for the procedure carried out and care provided. Consultants told us they were actively involved in reviewing and updating patient care and procedure pathways through their work in NHS Trusts and the service held regular endoscopy user group meetings to review and discuss these.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service provided consultant led endoscopies seven days a week. Lists ran from 7.30am to 7pm on weekdays and 7.30 am to 3pm at weekends. There were additional surgical lists for minor plastic surgery and dermatology procedures on most weekdays.

Consultants led surgical lists and reviewed their patients at each stage of their procedure. Consultants were present until all patients had fully recovered from their procedure.

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week. The service had a contract with the local NHS trusts in case a patient required an extended length of stay or increased monitoring, they would be transferred to an NHS hospital for appropriate care. The provider had a service level agreement for pathology services. They sent specimens to NHS Trust laboratories and could access electronic patient records at any time.

Good

Medical care (Including older people's care)

Health promotion

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

The service had relevant information promoting healthy lifestyles and provided verbal and advice to patients.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. For example, staff provided patients with information on diet choices to improve gut health such as eating more fruit and vegetables.

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 understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff ensured referrals were only accepted where they could be sure patients were able to give informed consent for the procedure offered. Staff did not make best interest decisions on behalf of any patient.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. All six patient records we reviewed showed consent forms were completed and signed correctly.

One nurse carried out an extended role as "consenting nurse" who had undergone additional training and explained to the patient the process and procedure to be carried out. This nurse signed the consent form and the consultant carrying out the procedure reviewed the form, discussed it with the patient and countersigned the consent. We observed this with two patients during our inspection.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff informed referrers if patients were unable to give consent for a procedure and arrangements were made for them to have treatment elsewhere.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff could access the electronic records system for patients referred by the local NHS trust and kept their own comprehensive records for all care provided.

Are Medical care (Including older people's care) caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed five patients through the whole patient pathway from arrival in

the endoscopy suite to discharge. All patients were escorted between areas by staff. Staff gave patients time and space to ask questions and to use the personal care facilities. The receptionist told us they appreciated the amount of time they had o meet and greet patients with no rush. We saw all patients were treated with respect by courteous staff who introduced themselves prior to interaction with the patient or carrying out procedures.

Patients said staff treated them well and with kindness. All patients we spoke with told us staff were patient, kind and friendly.

Staff followed policy to keep patient care and treatment confidential. Where patients waited in curtained cubicles, staff took care to keep the volume of discussions low so that conversations could not be overheard. Staff kept patient notes safely and we saw no patient information on display.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

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

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

Staff supported patients who became distressed or felt discomfort during their procedure to discuss options for going forward.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

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.

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. Staff provided information and leaflets to patients through all stages of their care and treatment.

Patients told us they received “loads of information” about their procedure and what to expect. They told us the preassessment process was clear and staff had discussed options for sedation and pain relief and what support they would need to have in place if they wished to have sedation. Staff explained the COVID-19 testing process and what the bowel preparation medication involved. They felt prepared and understood what would happen during their procedure.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We saw staff spending time with a patient and their family member to ensure the patient understood what would happen during their procedure. We observed staff talking to a patient in their first language

Good

Medical care (Including older people's care)

Patients and their families could give feedback on the service and their treatment and we observed staff supporting them to do this.

The service undertook a patient satisfaction survey and the latest results provided were from December 2020 to April 2021 with an 83% completion rate. Results showed 98% of patients had recorded a positive experience, their procedures were carried out in good time and they were given enough information about what to expect. Regarding discussions with staff, 99% said they had discussions with a doctor or nurse about their procedure and any risks and they had been able to use this to help choose whether to have sedation or not and 99% said they had given consent for their procedure with enough information available to them to make the decision to go ahead. All patients recorded they felt they were treated with courtesy, consideration, and respect and 99% stated they would recommend the service to friends or family.

Are Medical care (Including older people's care) responsive?

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 met with local NHS Trusts and commissioners to support existing and new provision of care and treatment for the local community. The service mainly provided procedures and treatment for NHS backlogs or potential breaches of referral to treatment targets (RTTs).

The service maintained a live directory of service which give patients and GPs the criteria for referring into the service. This outlined the exclusions, such as age range and patient accessibility. The service provided staff contact details staff if they were required to discuss individual needs.

Patients were cared for individually and we saw they provided additional privacy screens in corridors to ensure patients could access all facilities with ease and with dignity.

Facilities and premises were appropriate for the services being delivered and met JAG accreditation standards. Eccleshill Treatment Centre had a service level agreement to transfer seriously unwell or deteriorating patients direct to the local trust. There was a clear escalation policy available for staff to follow should such an event occur.

The service had systems to help care for patients in need of additional support or specialist intervention. If patients undergoing procedures were found to have a condition that needed urgent attention the service could contact the referrer or arrange, via a service level agreement, for pathology services to assess biopsy materials.

Managers monitored and took action to minimise missed appointments. All patients undergoing procedures were required to complete a COVID-19 test as part of their pre-assessment. This was organised as a drive through service and staff worked a rota system to manage this. Some procedures had to be cancelled when patients tested positive and some did not attend when they had to self-isolate. If a patient wished to rearrange their procedure date or time, staff could make arrangements for this where possible.

Good

Medical care (Including older people's care)

Managers ensured they contacted referrers of patients who did not attend appointments. Staff telephoned patients to check their welfare if they did not attend for their procedure and would arrange another date with the patient should they wish to go ahead.

The service relieved pressure on other departments when they could treat patients in a day. All procedures were carried out as day cases and referrals for complex cases were returned to referrers. This meant local NHS Trusts saw the complex cases but fewer patients overall.

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.

Patients told us they received "loads of information" about their procedure and what to expect. They told us the preassessment process was clear and staff had discussed options for sedation and pain relief and what support they would need to have in place if they wished to have sedation. Staff explained the COVID-19 testing process and what the bowel preparation medication involved. They felt prepared and understood what would happen during their procedure

The environment was designed to meet the needs of patients living with dementia.

Staff supported patients living with dementia and learning disabilities where possible. As long as a patient could understand their procedure and give informed consent, staff would make adjustments to provide safe care such as seeing patients with mild dementia at the beginning of a list or allowing a family member to help with introductions and explanations before the procedure began.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

The service had information leaflets available to give to patients and information on how to access interpretation or translation into languages spoken by the patients and local community. Some staff spoke languages used in the local community and could support patients whose first language was not English.

For example, patients could use a dedicated 'eastern' toilet, which took into account the needs of patients who followed specific cleansing traditions. Staff could prepare a quiet room to be used as a prayer room and told us a patient had recently requested to use it before their procedure.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients were referred direct by GPs or selected during consultant triage from Trust waiting lists. The service followed the local commissioning guidelines and met national targets. All patients were seen and treated within six weeks of referral unless patients chose to change their appointment time.

Good

Medical care (Including older people's care)

Managers monitored waiting times and made sure patients could access emergency services via local NHS Trusts when needed in order to receive appropriate treatment if their condition changed. The service worked with two local NHS trusts to support referral to treatment targets (RTTs) and some patient pathways were already breaching targets due to NHS waiting lists. However, in most cases the service contributed to the reduction in delays for treatment.

The service reported excellent and improving progress against the two-week wait for urgent diagnostic procedures for the cancer pathway for the two months prior to our inspection.

Managers met every week to assess planned and completed sessions, additional sessions at evenings or weekends and procedure waiting times. All sessions were staffed accordingly with staff rotas prepared 4 to 6 weeks in advance. Bank staff were used to help support additional sessions and when regular staff were sick or isolating. No sessions had been cancelled due to staff shortages. Additional consultants had been contracted to meet demand.

Managers and staff worked to make sure patients did not stay longer than they needed to. All patients were seen as day cases. A consultant always stayed in the unit until the last patient was discharged. If a patient was not considered well enough to be discharged home at the end of any day they would be transferred to the care of the local NHS hospital. There was a service level agreement in place for this purpose.

The service had not had to cancel any procedure lists in the time between 1 October 2020 and 30 September 2021.

The service had developed an online system since 2016 through a group of GP practices for fast-tracking patients for tests and diagnosis if they had any problems associated with upper gastrointestinal (GI) cancer. Patients were able to use the system to be referred directly for tests or to a specialist clinic, without waiting for a GP appointment first. By answering a series of questions, they were triaged electronically, either being asked to go for tests such as an endoscopy or ultrasound scan, and having a choice of which clinic to attend, or to see their GP for a routine appointment. We spoke with a patient who had accessed the service in this way.

Learning from complaints and concerns

It was easy for people to give feedback about care they 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 we spoke with knew how to complain or raise concerns. Staff spent time with patients throughout their visit, including the time before and after their procedure. We saw staff encouraging patients to give verbal feedback direct to staff. Every patient was encouraged and supported to give written feedback using an electronic tablet.

Staff understood the policy on complaints and knew how to handle them but told us they received very few complaints, mainly because they addressed any concerns raised immediately and before they became serious. Managers understood the benefit of hearing complaints in order to make improvements to care, individuals' experiences and to the service.

Managers investigated complaints but had not been able to identify any themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. This information was shared at user group meetings and in staff huddles prior to sessions beginning. Staff could give examples of how they used patient feedback to improve daily practice.

Good

Medical care (Including older people's care)

The organisation's website gave information on how to raise a complaint and how this would be managed, although the page showed this information had been due for review in 2016. However, the service did not clearly display information about how to raise a concern in patient areas.

Are Medical care (Including older people's care) well-led?

Requires Improvement

Leadership

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

The chief executive was a general practitioner specialising in endoscopy with several years' experience in NHS and independent healthcare. Staff in the management team had the necessary skills and abilities required to run the service.

Leaders held regular meetings to manage and prioritise information, planning and performance. Each specialty team attended meetings with consultants attending senior team and governance meetings. External meetings included local healthcare network meetings, local NHS Trust and commissioner meetings.

All staff we spoke with said managers were available, visible and approachable. The service had recently appointed a general manager to lead the administration and bookings teams.

Staff had time to attend specialty meetings and to read and digest information provided. Staff we spoke with said they could attend training course and we saw information to show how staff had developed their skills.

Consultants told us they would make no changes to the service, the leadership was very responsive, and management were supportive of any concerns raised by medical staff.

Vision and Strategy

Leaders of the service had a vision for what it wanted to achieve and shared with the relevant stakeholders but they had not developed a strategy to turn it into action. Front line staff were aware of long-term goals to expand the service and knew this had not yet been developed due to the COVID-19 pandemic. Leaders focused on sustainability of services and aligned to local plans within the wider health economy and the ability to provide a very high standard of care. Staff were unable to describe the vision and leaders did not monitor its progress.

The service vision was available through the provider's website but was not displayed at the location or discussed with frontline staff. There was no documented strategy to enable staff to understand the organisation's goals and managers could not monitor progress towards these.

The leadership team confirmed they had not shared the vision widely or developed it with their staff, although they did discuss future plans and opportunities with staff and external stakeholders and potential new clinical specialists. Staff told us they were aware of plans to expand the service but said these had been placed on hold during the COVID-19 pandemic

Good

Medical care (Including older people's care)

The Endoscopy Operational Policy listed the organisation's values: respect, compassion, professionalism, teamwork, and trust and were also included in the engagement policy. All staff we spoke with were aware that the provision of excellent patient care was the main aim of everyone within the organisation.

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.

Staff told us they felt involved, informed, consulted, and appreciated. They enjoyed working as a small team and supported each other to perform well and provide the best possible care for their patients. A consultant told us they felt proud of working at a very good unit, and the patient journey from the booking process felt very smooth. The team was cohesive and efficient, and they really enjoyed working there.

During patient procedures we observed, and staff told us, all members of the multidisciplinary staff team shared responsibility and the team completed the World Health Organisation (WHO) Five steps to safer surgery checklists together.

The general manager had been in post only a few weeks and we saw staff showed personal and professional respect towards them.

Staff had regular performance appraisals with opportunities for development, weekly meetings and informal daily huddles and could always contact leaders. Staff felt well supported and able to speak up but there was no formal staff forum. Staff we spoke with told us of a supportive culture with no discriminatory or bullying behaviours. Staff were able to access emotional support and help, which had been used in particular during the COVID-19 pandemic.

Leaders told us the organisation had an equality and diversity policy with action plans to develop this. However, these were not provided when we requested them.

Governance

Leaders operated governance processes that were mostly effective, 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 majority of governance processes and documentation had been set up to support and manage the endoscopy service as the main clinical service. Minutes of user group meetings were clearly documented and showed regular attendance of key staff.

The service had achieved JAG accreditation for the endoscopy service and had passed all the regular checks and audits carried out by JAG assessors since gaining their accreditation status.

The service also followed effective governance processes as dictated and managed by local commissioning groups (CCGs) and NHS Trusts. These organisations required specific audit and compliance requirements to be followed and the service provided information and data to show they performed well against all set criteria.

However, the organisation's own internal governance processes did not always provide managers with similar levels of assurance. The service relied on external audit by staff from the local NHS Trust who completed IPC audits but senior staff

within the organisation did not carry out their own checks of the environment. It was, therefore, not clear what oversight the senior team had of cleanliness of the premises. We saw staff had taken appropriate actions following audits and had cleared unused materials and broken equipment from corridors. We spoke with staff organising storage within a room previously used as a theatre and they told us there was an ongoing issue with insufficient space for storage and we found a lack of effective stock control. We saw large containers of stock waiting to be sorted and staff could not describe clearly where items would go and how they should be stored. Apart from this, we saw no inappropriately stored items and no items out of date.

We identified an area of the pre-assessment process where policy and practice were not followed. When we raised this with senior staff, they were unaware that practice did not always match their expectations and had not audited or used a system to check staff compliance and performance against standards.

The service did not have a medical advisory committee (MAC) but we did see that senior clinicians met together to discuss the service, its development, compliance, performance and staffing.

Leaders' files did not contain all information required under Schedule 3 to meet The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 5 Fit and proper persons: directors. All files were incomplete in some way for example there were no financial checks carried out on senior managers who acted as directors. Only one file held a photograph of the staff member and no staff files held job descriptions.

We reviewed six staff files from a range of roles and specialties. There was no clear staffing policy or practice regarding granting and monitoring of practising privileges although managers did keep staff files, even though these were inconsistent and incomplete.

Staff roles and responsibilities had evolved as the organisation had grown and we found no job descriptions within staff files, although the engagement policy provided to us after the inspection stated all staff would have a job description.

Managers provided policies and documentation to us on request following the inspection and several of these had been created after the inspection.

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.

Managers and the lead clinician collected data on all referrals, and procedures carried out and audited against criteria set by JAG, local NHS Trusts, and commissioners. They used this information to plan and prepare for future sessions, ensure they had sufficient staff with the relevant skills, and to check and manage performance targets and standards. The team met regularly at user group meetings and managers met monthly to discuss performance standards, incidents, and risks and they identified areas for improvement and learning which were cascaded to teams in staff meetings and huddles.

The service provided a risk management policy, but we found this related to management of incidents rather than identifying and managing risks. They also provided a risk register that listed operational risks, but some were not actioned and closed.

The service had a business continuity policy to support staff in dealing with unexpected events.

Good

Medical care (Including older people's care)

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 collected data on all aspects of care and treatment. This was stored electronically and analysed in user group meetings and governance meetings. Staff told us data was easy to access, reliable, and in a format that made interrogation easy and effective.

Managers used the data and results of analysis regularly to check performance across the full provision of care and treatments for the service.

The service made regular submissions as required to local Trust managers and to CCGs to plan future work, make decisions, and set ongoing and improving standards and targets.

However, we reviewed two patient records within the pre-assessment area and staff found they contained some paperwork for other patients mixed in amongst the notes. Incorrect documents included one set of patient labels and one page of medical notes. This was actioned immediately, and staff removed the incorrect items.

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 provided an engagement policy following the inspection. The whole team engaged well with patients throughout the care pathway and carried out a patient satisfaction survey. Staff encouraged and supported patients to give this feedback during their recovery period following a procedure. Results were very positive.

Staff maintained regular contact with local NHS Trusts and CCGs to help plan and manage the service and in particular to help reduce patient waiting times for procedures.

Managers told us they had carried out a staff survey, although results were not available at the time of our inspection. Staff we spoke with told us they felt fully informed and involved in all aspects of their work within the service.

Learning, continuous improvement and innovation

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

All staff were committed to providing the best possible service to patients and the local community and to supporting local GPs and NHS Trusts. Managers worked on continually improving the service offered and staff had regular input with ideas and suggestions.

The service had begun using a system they developed in 2016 and continued to use to improve patient access avoiding the need for a GP appointment and referral if they experienced worrying symptoms of bowel disease. This system had been reported in the local press and had been nominated for an award. The system continued to support patients to make self-referrals into the service and we spoke with a patient who had used it during our inspection.

Good

Medical care (Including older people's care)

The service provided student nurse placements and training for new HCAs in all aspects of the endoscopy service. We spoke with a student nurse and a new HCA who had opted to start their training in the decontamination suite. Both told us they had experienced positive and supportive behaviours by the whole team. Senior staff told us this method of practical and personalised training enabled them to grow their own team and encourage staff to stay and progress.

The service had introduced an extended role for a “consenting nurse” who had undergone additional training and explained to the patient the process and procedure to be carried out. This nurse signed the consent form and the consultant carrying out the procedure reviewed the form, discussed it with the patient and countersigned the consent. We observed this process taking place through telephone assessment and face to face with patients during our inspection. This gave patients the time and opportunity to talk to two members of staff and different opportunities to ask any questions.

Good

Outpatients

Safe	Good
Effective	Insufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Are Outpatients safe?

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 was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Data supplied by the provider showed that all staff were up to date with their mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. For example, a patient that may have been subject to financial abuse.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Data supplied by the provider showed that all staff were up to date with their mandatory training for adult and children safeguarding, both at level two.

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 overall had suitable furnishings which were clean and well-maintained. in the outpatient service we found a chair with a rip in it. Staff immediately took the chair out of service.

The service performed well for cleanliness. A detailed audit was completed every six months. The latest audit showed 100% compliance.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact. After a patient had used the trolley bed staff wiped it down and put a fresh disposable sheet on it.

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.

Patients were seen in single rooms behind a closed door.

The design of the environment followed national guidance. For instance, patients had adequate seating in the reception area.

Equipment was maintained by an external agency and all equipment seen was in date for maintenance.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

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

Staff responded promptly to any sudden deterioration in a patient's health. For example, staff working in the outpatient service described what steps they would take if a patient said they were, or looked, unwell.

Staff completed a telephone risk assessment for each patient prior to admission and on arrival, using a checklist tool. Staff had access to GP summaries and the full GP records if they needed it.

Staff knew about and dealt with any specific risk issues. At pre-assessment any allergies were recorded and considered.

Staffing

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

The service had enough nursing and support staff to keep patients safe. For instance, on inspection, there were lists running for outpatients. Each consultant had a healthcare technician to support them.

National guidance does not stipulate minimum or maximum numbers of staff or skill mix for outpatient services. However, managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with service needs.

The manager could adjust staffing levels daily according to the needs of patients.

Records

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

Patient notes were comprehensive, and all staff could access them easily. For example, records were mostly electronic, but staff printed out necessary parts of the patient file to allow the outpatient consultation to proceed.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were not always stored securely. In five of the six consultation rooms in outpatients we saw passwords displayed that gave access to patient sensitive data.

See further well-led under 'Managing information'.

Medicines

The service used systems and processes to safely advise on medicines.

In the outpatient service staff only gave advice about medicines. If a patient required medicines following an outpatient visit this was handled by their GP.

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.

Good

Outpatients

Staff knew what incidents to report and how to report them. For instance, staff recorded an incident around a potential data breach identified during our inspection.

Staff raised concerns and reported incidents and near misses in line with the provider policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. For example, during safety huddles or at governance meetings.

There was evidence that changes had been made as a result of feedback. For instance, feedback provided during the inspection was acted on immediately.

Are Outpatients effective?

Insufficient evidence to rate

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.

Each outpatient service was led by a consultant who was a specialist in their area of practice.

Leaders we spoke with explained that its specialist consultants would flag, at clinical governance meetings, any changes to national guidance that may be required. For example, we saw how changes to the clinical pathway for the management of coeliac disease were managed. This included amendment to systems and processes, and any identified training needs.

Leaders did operate a clinical and non-clinical audit programme to assure themselves that staff followed guidance.

Patient outcomes

Staff did not monitor the effectiveness of care and treatment.

The service did not measure the effectiveness of consultations in outpatients and so could not use any findings to make improvements or achieve good outcomes for patients.

However, the service did monitor incidents, complaints, and safeguarding for outpatient appointments. Data shared with us by the provider showed there were no incidents, complaints or safeguarding in relation to outpatient appointments.

Good

Outpatients

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.

Managers gave all new staff a full induction tailored to their role before they started work. For example, staff described how new staff were not signed off as competent until they had been observed and certified as competent.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data supplied by the provider showed all relevant staff were up to date with their appraisal.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. For instance, specialist consultants who did not or could not attend a meeting were sent an email instead.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, staff described how they had requested training in taking blood because they wished to expand their skills.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us how healthcare technicians were trained to perform removal of ear wax.

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. Staff we spoke with described how they were members of cancer networks. This enabled them to discuss and where necessary refer patients.

We saw how the specialist consultant and the healthcare staff worked together as a team to provide good care to the patients attending outpatients.

Health promotion

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

Whilst the service did not hand out relevant information promoting healthy lifestyles and support or display such information in patient areas, staff told us they did encourage patients to lead healthier lives when relevant to the consultation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Good

Outpatients

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 explained that access criteria to the service were designed to ensure outpatient appointments were only offered to patients who could provide consent themselves. Nonetheless, staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff explained that if patients could not give consent, staff would not make decisions in their best interest. Instead, the patient would be referred to their GP for referral to a local NHS trust.

Are Outpatients caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. For example, we saw how staff escorted each patient to the consultation room.

Patients said staff treated them well and with kindness. All patients told us that staff were friendly and pleasant.

Staff followed policy to keep patient care and treatment confidential. Consultations took place behind closed doors. Each trolley bed in each consultation room had a curtain that could be pulled around the bed to maintain patient privacy.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff explained how they had received training on delivering challenging news.

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. For instance, staff could use a room that was set aside for delivering challenging news. Staff shared with us how if a suspected cancer diagnosis was found following a endoscopic procedure they would take patients to the room to talk them through the findings and explain next steps.

Good

Outpatients

Staff explained how appointment times could be extended if necessary where a patient required emotional support.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. For example, we saw there were leaflets and guidance notes about specific procedures that staff could hand to patients. We saw how staff used the leaflets to explain to patients about their procedure.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. For instance, patients could use an electronic device to give feedback about the service.

Patients gave positive feedback about the service. Patient satisfaction was at 100%.

Are Outpatients responsive?

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 local population. Staff described how they regularly met with local commissioners and NHS trusts to bid for, deliver and monitor new services. At present the service was working locally to reduce outpatient backlogs.

Facilities and premises were appropriate for the services being delivered.

The service had strict access criteria that ensured they could meet the needs of patients. The service could transfer patients in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments. For instance, patients chose their own appointments. However, sometimes the appointment then became inconvenient. We saw that patients were contacted to re-arrange appointments.

Managers ensured that patients who did not attend appointments were contacted. Staff described how patients who failed to attend were contacted three times to try and re-arrange their appointment.

Meeting people's individual needs

Good

Outpatients

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.

We saw that the service made use of telephone consultations so avoiding the need for patients to travel into the service. For patients attending an endoscopy outpatient appointment, the patient's pre-assessment could be done on the same day, thus avoiding the need for two separate appointments.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, patients could use a dedicated 'eastern' toilet, which considered the needs of patients who followed specific cleansing traditions.

The service could provide information leaflets in languages spoken by the patients and local community and provide interpretation services or signers, where necessary.

Access and flow

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

As part of contractual arrangements with local commissioners or NHS trusts the service was required to run reports and review during regular service or network meetings a wide range of performance measures.

The service was helping other healthcare providers manage their outpatient backlogs . Patients were referred by their GP and could book and choose an appointment date and time to suit themselves. The average wait time for an outpatient and follow up appointments was four to six weeks.

Managers could monitor waiting times at the location and where patients could not attend, they made sure patients could access services when needed. Staff told us as part of its contracts with commissioners, expected ranges for waiting times were specified. Minutes showed there were no issues with the compliance with waiting times. Do not attend rates, list utilisation, and wait times were reviewed every week, albeit the focus was on endoscopy services. Days waited for an outpatient appointment were reviewed, numbers of outpatient referrals from different commissioners and the number of patients waiting at the end of each month were also reviewed.

The service was able to run reports on patient waiting times when at the service. Staff told us they did not do so because there was no intelligence to suggest waiting times were an issue.

Managers described adding additional outpatient sessions if wait times went beyond the target. The service ran weekend sessions, as necessary.

Managers reported that the number of cancelled appointments were low. No themes had been identified as to why patients did not attend. Mostly staff reported that patients stated they had forgotten. This was even though the service sends the patient a letter, a text message reminder, and (in most cases) conducts a telephone pre-assessment a few days before the appointment.

Learning from complaints and concerns

Good

Outpatients

It was not always easy for people to give feedback and raise concerns about care received because no notices about this or leaflets were on display at the location. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers were not supported to know how to complain or raise concerns. This was because no notices or leaflets displayed at the location. The complaints policy on the service's website was beyond its review date.

Staff understood the policy on complaints and knew how to handle them. No complaints were logged for the outpatient service.

Managers told us if there were a complaint, they would investigate them and identify any themes and share any learning.

Are Outpatients well-led?

Requires Improvement

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.

From review of staff files and speaking with staff, we found that leaders had many years of experience of working in a health care setting.

Leaders used various meetings to understand and manage the priorities and issues faced by the service. For example, leads for each specialty held meetings from which information was fed up to weekly and monthly senior team and clinical governance meetings. Also, senior leaders attended network meetings with commissioners and local NHS trusts.

The senior leadership team was approachable and visible. It consisted of a managing director (who also worked clinically), the registered manager, the general manager, an operations manager, and various specialty leads. It was a small team that met regularly with each other and staff.

Whilst there was no written career development programme to join for any staff member, frontline staff described being able to request, during appraisals, extra training. Data supplied by the service described various ways in which staff had been given opportunities to develop.

Vision and Strategy

The service had a vision for what it wanted to achieve but no strategy to turn it into action, and staff told us the vision was not developed with all relevant stakeholders. The vision was focused only on endoscopy services and it was unclear how it was aligned to local plans within the wider health economy. Leaders and staff did not understand and know how to apply the vision and monitor progress.

There was no documented strategy to enable staff to understand the organisation's goals and managers could not monitor progress towards these. The leadership team confirmed they had not shared the vision widely or developed it with their staff.

The vision on the service's website appeared to focus only on endoscopy services, whereas the service provided outpatient and surgery services as well. Whilst the service clearly worked with the local health economy this work was not reflected in the vision.

Staff were not able to speak to the vision and no staff we spoke with had been involved in shaping the vision.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service could do more to promote equality and diversity in daily work but provided opportunities for career development. The service needed to embed further an open culture where patients, their families and staff could raise concerns without fear.

Staff we spoke with reported feeling respected, supported and valued. For example, staff mentioned taking part in their appraisals, having regular weekly safety huddles, and good access to their managers. However, staff we spoke with confirmed there was no staff council or other forum just for staff. Although the service's equality and diversity policy mentioned an employee focus group.

There was a freedom to speak up guardian (FSUG) but no staff on the frontline who championed this. We did not see any promotional material at the location about the FSUG and nothing was mentioned on the service's website. However, staff confirmed they had not experienced any bullying.

The service had a stress at work policy. This detailed how staff could access help and emotional support if they experienced stress at work.

We found some evidence of promotion of equality and diversity. For example, when the service employed staff who wished to practice their faith, staff told us adjustments were made to allow them to do so.

However, although there was an equality and diversity policy, it appeared that leaders had not developed any initiatives to celebrate equality and diversity. For example, an equality and diversity calendar, to support staff in understanding and celebrating different faiths or none. Further, whilst the policy mentioned annual reviews of equality and diversity and action plans, these were not supplied to us on request.

The culture was positive, but we found leaders needed to embed further a culture amongst frontline staff to challenge poor practice.

For example, we found passwords on display in five of the six consultation rooms. These gave access to patient sensitive information. This represented poor information governance behaviour. No staff member we spoke with, who regularly used those consultation rooms, could explain why they had not challenged this practice. Also, no staff member had challenged the absence of posters or leaflets about how to complain.

Governance

Good

Outpatients

Leaders did not always operate effective governance processes throughout the service, but with partner organisations they did. 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.

Overall, the governance of the outpatient service appeared to proceed on the basis that it was providing an endoscopy service. The focus of any governance arrangements and meetings was primarily in relation to the endoscopy service. However, the outpatient service did more than just endoscopy outpatient appointments. We were not supplied with any governance minutes demonstrating how the whole outpatient service was being governed.

Governance processes throughout the service were not always effective and did not identify the issues found on inspection. For example, the display of passwords and usernames in five of the six consultation rooms in outpatients had not been picked up until we inspected the service. The most recent environmental audit did not pick up the storage of medicines (bowel preparation packs and enemas) in one of the outpatient consultation rooms, which had no temperature measures in place. Neither had it picked up a chair with a tear in the fabric, which posed an infection risk. We reviewed the service's compliance with the fit and proper person regulations. We found that not all required checks were being carried out. For example, bankruptcy searches were not being done. Lastly, we identified poor practice in the telephone pre-assessment. For example, not making use of the GP summary. Leaders had not picked this up because they did not conduct any observational audits of staff doing the telephone pre-assessment.

The service did not have a medical advisory committee (MAC) or a policy specifically to govern granting and monitoring of practising privileges. We were told appointments of new consultants would be addressed in the endoscopy end-user minutes. However, we did not see evidence of this.

However, we found that there was an effective governance process with local clinical commissioning groups (CCG's) and NHS trusts. For example, staff told us there were regular meetings with CCG's to discuss new opportunities and existing work streams. We saw this from minutes of network meetings that we reviewed.

Leaders told us specialty services were led by a consultant who reported into the senior team and upwards to the clinical governance meetings. However, if this did occur, we saw no written evidence of this.

Leaders did not have access to dashboards with information about the performance of the outpatient service or individual consultants operating in that service. Senior staff told us this was in development. For example, staff shared with us a log of actions that was in development.

Management of risk, issues and performance

Leaders and teams used systems to manage performance mostly effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact. They had plans to cope with unexpected events.

Leaders and staff used systems to manage performance mostly effectively. For example, staff described how, if waiting times at the location were an issue, they could interrogate their systems to identify how long a patient had waited before being seen. Yet staff could not point to a key performance indicator which leaders had set around waiting times. This meant performance was not being managed by reference to an agreed target.

However, staff did describe performance actions was required to meet, as part of its agreement with CCGs. As noted above, this information was not readily presented in a dashboard format, so that leaders could effectively manage it better.

We saw from minutes of meetings that we reviewed that performance within the endoscopy speciality was reviewed but not specifically within outpatients, which went further than just endoscopy services. From the minutes supplied, discussion and actions taken to drive improvement were focussed on the endoscopy services.

The performance actions specified by the CCG's focussed on the number of complaints or incidents or safeguarding training levels. It did not appear that the leadership team had added to these performance indicators in any way, in relation to outpatients.

We asked the service to share with us its risk management policy. Whilst we were sent a policy entitled risk management, on reading it, we found it dealt with incidents and incident reporting, not risk management. For example, there was nothing in this policy about the service's risk register, and how, by who, and when it was reviewed.

The risk register did not reflect the risks we found on inspection. For example, we found usernames and passwords on display, and issues with storage of medicines or a chair. Further, the risk register the service shared with us did not identify an owner for the risk. One of the two risks mentioned on the risk register had a review date that just said "ongoing".

We saw that the service had a business continuity policy to support it in coping with unexpected events.

Information Management

The service collected reliable data but did not always analyse it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not wholly integrated and not always secure. Data or notifications were consistently submitted to external organisations as required.

The outpatients service generated a lot of reliable data all of which was captured electronically using established systems. However, we were not assured that leaders always analysed the data. For example, whilst the systems captured how long a patient had waited before being seen by a consultant, staff explained this would only be looked at if there was an issue with waiting times. However, on one day of our inspection, the only list that was on, did have issues with timing. We were concerned that if no patients lodged a complaint about this, leaders may not have looked at this.

Staff we spoke with described the systems they worked with supported them in finding data they needed, in a format that was accessible, to help them understand performance, and make decisions, and improvements.

Whilst the systems used in outpatients were integrated with GP surgeries, they were not fully integrated with the NHS trusts the service worked with. Managers told us they were in discussions with the NHS trusts to improve the integration. Staff we spoke with (and notices we saw in consultation rooms confirmed) that the dictation system needed improvement. Owing to the data breach we identified, described above, we were not assured that the systems were always secure.

However, staff had systems and processes they could use to receive national safety alerts or notify other regulatory bodies. For example, following the data breach we identified, leaders notified the information commissioner's office.

Good

Outpatients

Engagement

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

The service had an engagement policy. When we read it, it was difficult to identify how the leaders would be held to account for delivering the policy. We could not readily see any key performance indicators or any means for auditing compliance.

Staff described regular meetings with local NHS trusts and CCG's to help the service plan and manage its services. A key aspect of the service was its ability to collaborate with NHS trusts and CCG's by offering procedures to help reduce outpatient waiting lists.

The service conducted staff surveys. The results of the survey were not known at the time of our inspection.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

Staff aimed to learn and improve services. For instance, staff told us about a development they had collaborated on. It involved an online patient-led assessment which determined whether to offer the patient an urgent appointment.

The service provided established procedures according to well used patient pathways and so the scope to become involved in research or learn new things was limited. However, the service was involved in training students.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The service must ensure it assesses, monitors and improves the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services) (Regulation 17(2)(a)) • The service must ensure that records of each service user, including the record of any care or treatment provided to the service user and of decisions taken in relation to any care and treatment provided are secure (Regulation 17 (2)(c)) • The service must ensure internal governance processes, policies and documentation are fit for purpose, up to date, and provide managers with assurance on all aspects of performance and risk (Regulation 17)

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors • The service must ensure that the system and process used to confirm that individuals, appointed as a director of the service provider or someone performing those functions, satisfy the necessary requirements, and is monitored for completeness (Regulation 5 (2)).