

# The Capsule Clinic

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Capsule Clinic as part of our inspection programme. The service has not been previously inspected.

The Capsule Clinic is registered with CQC to provide diagnostic and screening procedures and treatment of disease, disorder or injury. At the time of the inspection the service provided four different types of capsule endoscopy.

The service is led by a consultant gastroenterologist who is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- People received effective care and treatment that met their needs.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients and were accessible.
- The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.

The areas where the provider **should** make improvements are:

- Review the mandatory training available to staff and keep accurate records of activity undertaken.
- Complete and document staff annual appraisals.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

## Background to The Capsule Clinic

The Capsule Clinic is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury from the following address:

Hope Cottage, 5 Macclesfield Road, Prestbury, Macclesfield, Cheshire SK10 4BW

We visited this location as part of the inspection. The registered provider is Health Screening Solutions Limited.

The service is provided by a consultant gastroenterologist and a specialist nurse practitioner supported by a practice manager. The Capsule Clinic offers patients a range of capsule endoscopy services. Treatments are provided for adults aged 18 and over. The service is open 7 days per week with appointments available on a pre-bookable only basis. Patients can book over the telephone or by requesting a consultation online.

The service website can be accessed at: <https://thecapsuleclinic.com/>

### How we inspected this service

Our inspection included:

- Conducting staff interviews
- Reviewing records
- Requesting evidence from the provider.
- A site visit

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## **We rated safe as Good because:**

The service provided care in a way that kept patients safe and protected them from avoidable harm.

### **Safety systems and processes**

#### **The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service had systems to safeguard children and adults from abuse. Although the service only treated adults, there was a policy and system for safeguarding children. The service worked with other agencies to support patients and protect them from neglect and abuse.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. This included a comprehensive assessment and actions to address the risks of Legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### **Risks to patients**

#### **There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- There were appropriate indemnity arrangements in place.

### **Information to deliver safe care and treatment**

#### **Staff had the information they needed to deliver safe care and treatment to patients.**

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

# Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The provider had an effective system to share information with a patient's GP if appropriate and sought the patient's consent in line with their policy which included provision to decline any treatment the provider felt posed a risk.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, and equipment minimised risks.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording incidents and acting on them. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons and took action to improve safety in the service. An example was a delay with delivery of the capsule required for a patient's procedure.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## **We rated effective as Good because:**

People received effective care and treatment that met their needs.

### **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Staff conducted reviews of treatment provided and has access to support from external clinicians for supervision.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

### **Monitoring care and treatment**

#### **The service was actively involved in quality improvement activity**

- The service used information about care and treatment to make improvements such as completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The provider had conducted an audit to review compliance with national standards and had exceeded the targets in all areas.
- The service had reviewed the information provided to patients prior to attendance at the clinic and made improvements to these communications.

### **Effective staffing**

#### **Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Records of skills, qualifications and training were maintained however one record had not been updated to reflect the accurate date of basic life support training. On the day of the inspection we saw that one staff member was not up to date with moving and handling training, following the inspection we were provided with evidence of completion.
- Staff were encouraged and given opportunities to develop. For example, the practice manager was completing a health and social care diploma. Clinical staff had attended specialist training for the services provided.
- Staff annual appraisals were due at the time of the inspection and so had not yet been completed however we did see that these were planned.

### **Coordinating patient care and information sharing**

# Are services effective?

## **Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where appropriate to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. We saw examples where, following assessment, patients' had been recommended alternative services that were more appropriate for their needs and referred appropriately.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Choose a rating because:**

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. A patient survey conducted February 2023 showed 100% of the 15 patients who took part felt happy with the care they received and that they were treated with compassion and respect. The service had 12 positive reviews on their electronic feedback system all of which were 5 stars.
- Feedback from patients was positive about the way staff treat people. Comments from people included that staff were kind and reassuring.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. An equality, diversity and human rights policy was in place and all staff had completed training.
- The service gave patients timely support and information. The service was contactable directly including out of hours if patients had concerns or queries prior to, during or following their procedure.

### **Involvement in decisions about care and treatment**

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Patients feedback that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Clinicians discussed risks, outcomes and costs to manage patient expectations.
- We saw that patients were comprehensively assessed during consultations with information discussed verbally documented and written information provided to patients also.
- Staff communicated with people in a way that they could understand. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Interpretation services were available for patients who did not have English as a first language.

### **Privacy and Dignity**

#### **The service respected respect patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff always provided patients with a private room to discuss their needs.



# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Services were tailored to meet the needs of individual patients and were accessible.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- Staff had completed training to support patients with learning disabilities and autism.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients could book appointments by telephone or by completing an online consultation form.
- Referrals and transfers to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had not received any formal complaints however we saw examples of how lessons were learned from any identified areas for improvement. It acted as a result to improve the quality of care.

# Are services well-led?

## **We rated well-led as Good because:**

The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.

### **Leadership capacity and capability;**

#### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and provided regular opportunities for meetings, discussions and development to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

### **Vision and strategy**

#### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision for the development of the service. The service had a realistic strategy to achieve priorities and monitored progress against this.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. All staff demonstrated commitment to providing high quality and safe care.

### **Culture**

#### **The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when managing incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Annual appraisals were due at the time of the inspection, although not completed, we saw that these were planned.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were highly positive relationships across the team at the service.

### **Governance arrangements**

# Are services well-led?

## **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## **Managing risks, issues and performance**

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had a business continuity plan in place.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. A patient survey was sent after every consultation and the feedback provided online was also monitored regularly. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.

# Are services well-led?

## Continuous improvement and innovation

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Clinical staff were members of national and local networks, met regularly with other providers and peers and shared information appropriately.