

# Berkshire West Community Endoscopy Service

## Quality Report

16 Bath Road  
Reading  
Berkshire  
RG1 6NS  
Tel:01189521326

Website:  
[www.berkshirewestcommunityendoscopy.nhs.uk](http://www.berkshirewestcommunityendoscopy.nhs.uk)

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

## Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Not sufficient evidence to rate	
Are services caring?	Not sufficient evidence to rate	
Are services responsive?	Good	
Are services well-led?	Good	

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Berkshire West Community Endoscopy Service is operated by Dr Jude Egbert D'Cruz. Facilities include one procedure room, a waiting area, a reception area, a consultation room and a ward area with eight single pods for patients pre- and post-endoscopy.

The service provides diagnostic endoscopy to people living in Berkshire West including North and West Reading, Newbury, Wokingham and South Reading. The service accepts adult patient referrals and does not see children and young people under the age of 18 years. The service offers clinics on Saturdays and Sundays with some additional clinics on Monday and Friday mornings.

The service carries out two different endoscopy procedures: gastroscopy (thin, flexible tube called an endoscope is used to look inside the oesophagus (gullet), stomach and first part of the small intestine) and flexible sigmoidoscopy (examination of the rectum and the lower (sigmoid) colon using an endoscope). The service is commissioned to carry out between 2000 and 2100 procedures every year.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit to the service on 25 November 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

### Services we rate

Our rating of this service improved. We rated it as **Good** overall because:

- There was a programme of mandatory training in key safety areas, which all staff completed, and there were systems for checking staff competencies.
- Staff understood what to do if they had a safeguarding concern.
- Appointments were scheduled to meet the needs and demands of the patients who accessed their services.
- Staff were compassionate and supportive to patients and reassured them throughout their procedure.
- It was easy for people to give feedback and raise concerns about care.
- Feedback from patients and relatives was consistently positive.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.
- There was an effective governance structure, which ensured effective monitoring of the service and communication pathways.
- There were systems to identify risks and mitigating actions to manage these.
- Staff had access to relevant and current information about patients to deliver safe care.

However, we found areas that require improvement:

- Patient care records were not always fully completed.
- Staff told us patients were not always informed of all the risks associated with the procedure prior to entering the procedure room.
- Staff told us patient consent was not always sought prior to them entering the procedure room.

# Summary of findings

**Dr Nigel Acheson**

**Deputy Chief Inspector of Hospitals (South East and London)**

## Overall summary

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Endoscopy	Good 	Endoscopy was the main activity of the clinic. We rated this service as good because it was safe, responsive and well led.



# Summary of findings

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Good 

# Berkshire West Community Endoscopy Service

**Services we looked at**

Endoscopy

# Summary of this inspection

## Background to Berkshire West Community Endoscopy Service

Berkshire West Community Endoscopy Service is operated by Dr Jude Egbert D'Cruz. The service was registered with CQC in 2016 and is in Reading, Berkshire. The service primarily serves the communities of Berkshire.

The service manager has been in post since September 2018 and became registered with CQC in January 2019.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor with expertise in endoscopy. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

## Information about Berkshire West Community Endoscopy Service

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures.

During the inspection, we visited the administrative office. We spoke with five staff including a registered nurse, a health care assistant and a decontamination technician. We spoke with three patients over the telephone as there were no patients in clinic at the time of our inspection. During our inspection, we reviewed six sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected once, and the most recent inspection took place in September 2018, which found that the service was not meeting all standards of quality and safety it was inspected against.

Activity (August 2018 to July 2019)

- In the reporting period, there were 1,114 gastroscopy and 693 flexible sigmoidoscopy procedures. All procedures were NHS-funded as the service did not provide privately funded diagnostic procedures. The service only performed diagnostic procedures for adult patients over the age of 18 years.

- The service employed six nurses, three healthcare assistants, one decontamination technician, one secretary, five receptionist, one administrator and four endoscopists who worked at the service under practising privileges.

Track record on safety

- No never events
- No clinical incidents
- No serious injuries
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C.diff) or Escherichia coli (E-Coli).
- No complaints

### Services provided at the hospital under service level agreement:

- All facilities and equipment were used under a contract with the host hospital. This included maintenance of the building and all equipment, clinical and or non-clinical waste removal and access to consumables and medicines.
- All decontamination maintenance was managed by the host hospital including testing of water supply.
- Interpreting services were funded by the Clinical Commissioning Group.
- Histology was carried out by a local NHS trust.

# Summary of this inspection

- Access to medical staff in the event of a significant clinical incident was included in the contract with the host hospital.
- Patient records were archived in an NHS storage facility off site.
- Procedures under conscious sedation were offered under a separate contract amendment with the host hospital.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

Our rating of safe improved. We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and knew how to report them.
- The serviced introduced the World Health Organisation checklist as part of the patient pathway document and this was completed in all records we reviewed.

Good



### Are services effective?

We do not rate effective for endoscopy as there is not sufficient available data to benchmark or compare these services.

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and offered support and development.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- An audit schedule tracked all completed audits which were then collated centrally to ensure oversight of each service. All audits were completed.

Not sufficient evidence to rate



### Are services caring?

There was not sufficient evidence to rate caring as the service did not have a clinic operating on the day of our inspection:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Feedback from patients was positive.

Not sufficient evidence to rate



### Are services responsive?

Our rating of responsive stayed the same. We rated it as **Good** because:

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

Good



# Summary of this inspection

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them.

## Are services well-led?

Our rating of well-led improved. We rated it as **Good** because:

- There were clear roles and responsibilities to support governance and risk management.
- Staff felt respected, supported and valued.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected.

**Good**



# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Endoscopy	Good	Not rated	Not rated	Good	Good	Good
Overall	Good	Not rated	Not rated	Good	Good	Good

# Endoscopy

Safe	Good 
Effective	Not sufficient evidence to rate 
Caring	Not sufficient evidence to rate 
Responsive	Good 
Well-led	Good 

## Are endoscopy services safe?

Good 

Our rating of safe improved. We rated it as **Good**.

### Mandatory training

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

- Berkshire West Community Endoscopy Service (BWCES) had a mandatory training requirement which all staff completed each year. BWCES provided mandatory training but also accepted evidence of mandatory training which staff may have completed at their usual place of work. The registered manager was responsible for monitoring compliance and reminded staff when they were due a refresher course. Mandatory training records showed all staff were 100% compliant with training requirements.
- Training records we reviewed showed staff had completed training in modules including but not limited to, basic life support, consent, fire safety, health and safety, information governance, infection control and moving and handling.

### 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.**

- The service had policies for the safeguarding of adults and children which included contact information for

reporting concerns and guidance for notification to the relevant organisations. A flow chart was displayed on an information board to act as a reminder to staff of what action to follow and who to contact if they had a safeguarding concern.

- The service manager was the safeguarding lead and had completed level 3 safeguarding adults and children, which was in line with the Royal College of Nursing: Adult Safeguarding: Roles and Competencies for Health Care Staff (2018). Although the service manager did not work over the weekend when clinics operated, they told us they were contactable by phone and staff confirmed this. Training records showed nursing staff had completed level 2 and 3 safeguarding adults and children, so in the absence of the service manager during clinical hours, the nursing staff were competent to protect vulnerable patients.

### Cleanliness, infection control and hygiene

**The service-controlled infection risks well.**

- We did not see how staff adhered to infection prevention policies and procedures during the inspection as the service did not have patients attending clinic on that day. However, we reviewed audit records and policies. Staff we spoke with understood their responsibilities to adhere infection control procedures and were aware of where policies were stored for reference.
- The service audited staff's adherence to its infection, prevention and control policy. The audit assessed endoscopy decontamination, hand hygiene, standard precaution and transportation of specimens. Staff had achieved a compliance rate of 100% for quarter one and two; however, in quarter three the service had achieved 90%. This was due to there being no box for the

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transportation of specimens. Actions to prevent reoccurrence were put in place and included using an appropriately labelled clear plastic bag if a box was not available.

- The decontamination of endoscopes policy was within its review date. All staff involved in the decontamination process were trained in line with the policy's requirements.
- Staff we spoke with told us they were all involved in the cleaning of equipment and the procedure room. The service had cleaning schedules listing all areas and equipment that was to be cleaned at the end of each day.

## Environment and equipment

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

- Endoscopy equipment was serviced every three months by the manufacturer. In between services, staff carried out weekly checks of the equipment and water.
- At the last inspection, we reported the service had ineffective arrangements to call engineers out in the event of a breakdown of the endoscope washer-disinfector. At this inspection, we found that there was breakdown cover provided by an external company. The service level agreement stated that if equipment breakdown was reported to the company before 2 pm, an engineer would be present on site on the same day. If the report was made after 2pm the engineer would be on site, the next day. Staff told us the engineers were responsive and had been called out recently when the washer broke down.
- Emergency equipment was stored in cardiology near the procedure room. All staff we spoke with were aware of where the equipment was stored. Haemorrhage equipment was stored in the procedure room when a clinic was running for easy access.
- Nursing staff were responsible for checking emergency equipment including the haemorrhage tray before each clinic in accordance with the service's guidance.

## 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.**

- Patient risks were assessed at the point of booking the procedure to ensure patients were suitable to be cared for and treated in the community setting. This included patients receiving blood thinning medication and patients with diabetes. For example, the service took account of patients with diabetes when booking their appointment to ensure pre-procedure fasting did not have a negative impact on patients' well-being. There was specific information shared with patients and staff assessed the blood sugar level for patients with known diabetes when they were admitted for the procedure.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Administrators followed procedures to ensure patients had appropriate pre-procedures checks before attending for an endoscopy procedure. The process included information about previous medical history, regular medication and the reason for the referral for endoscopy procedures was correct.
- The service delivered diagnostic endoscopy procedures and had clear exclusion criteria to ensure patient safety and risks of avoidable harm. These included for example, referrals for patients with suspected cancer, patients under 18 years, referral for therapeutic procedures, patients with chronic gastric bleeding or with anaemia (a condition where a lack of iron in the body leads to a reduction in the number of red blood cells) were not accepted. The service accepted patients who were physically well and who could transfer themselves onto the examination trolley without support, although this was not written as a criterion for accepting the referral.
- All staff attended a brief 'huddle' at the start of each clinic to identify and discuss any risks to patients. This aided the smooth running of the procedure list.
- There were guidelines for staff to follow if a patient required urgent medical attention and staff we spoke with were aware of the action to take in the event of a medical emergency.
- Medical cover in the event of a clinical emergency was provided by the host hospital through a service level agreement. Medical staff were resident within the host hospital during the hours the service operated. Staff were confident about how to access help in emergencies and gave an example of this when a patient had become unwell.
- Since the last inspection, the service had incorporated the World Health Organisation (WHO) checklist into the

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patient pathway document. The WHO checklist is an initiative designed to strengthen the processes for staff to recognise and address safety issues in relation to invasive procedures. All six patient records we reviewed had a completed WHO checklist. The service was due to start auditing the WHO checklist every six months.

- At the last inspection, we noted staff did not ask patients to remove nail varnish before their appointment and did not use alternative methods, such as an ear probe, to monitor oxygen saturations in patients who wore nail varnish. National guidance recommends nail varnish is removed as the colour interferes with the detection of oxygenated haemoglobin, known as oxygen saturation. The service had introduced the use of ear probes as an alternative and staff we spoke with were aware of when to use this.
- Haemorrhage trays were introduced, and staff were aware of where the tray was stored in the procedure room. The trays were checked by the lead nurse at the start of the clinic to ensure equipment was available and in date.

## Staffing

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

- All registered nurses employed by the service were experienced endoscopy nurses who worked for the host hospital or local NHS hospitals. All staff were employed on zero-hour contracts.
- In three months before our inspection, the service had used three bank nurses and one bank decontamination technician. The service manager told us the service rarely used bank or agency staff however, if needed the agency used supplied purely endoscopy nurses and endoscopists, supported by a curriculum vitae received in advance.
- There were no staff vacancies at the time of our inspection. The service reported minimal sickness and low staff turnover with most staff having worked there for at least two years.

- Competent staffing levels and skill mix adhered to the British Society of Gastroenterology (BSG) guidance, with a combination of two nurses plus either two healthcare assistants or one healthcare assistant, an endoscopist and a decontamination technician.
- Rotas were coordinated by the registered manager and staff told us they were given the rota three months in advance. Staff were able to swap shifts with other members of staff. Each shift had a designated lead nurse and consultant which was noted on the rota for all staff to be aware of who to raise concerns to.

## Records

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

- Upon booking, administrative staff obtained each patient's details and entered the information on an electronic record system and created a paper record for each patient. There were detailed care records for patients. Each patient file was clearly marked and could be found easily. Patient files were kept in locked cupboards in the administrative office in a separate building. If the patient was on the list for that day, the file was moved to the department. Patient records included an endoscopy procedure care pathway containing observations, a risk assessment, medical history, procedure checklist, nitrous oxide (an inhaled gas used as pain medication) contradictions, WHO checklist, medicines and discharge plan. Staff told us this was checked when the patient was discharged but also by administrative staff to ensure completion of the pathway.
- We reviewed six patient care records. Generally, records were comprehensive, contemporaneous and complete. However, two of the records had an incomplete care pathway. We found discharge plans were not completed, signed or discharge instructions or biopsies were not clarified.
- The service had a service level agreement with an NHS archiving company where patient records were collected for storage twice a year. The service kept a record of all patient records that were sent for archiving.

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- Referrals for further investigations for upper or lower gastrointestinal procedures were sent to the relevant recipient such as the patient's GP or cancer referral team at the local NHS hospital. The service printed a copy for their records and for the patient.
- Following completion of any procedure, a report (hard copy) was sent to the referring GP on the next working day. Subsequently any histopathology reports were sent in the same way.

## Medicines

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

- Registered nurses administered rectal enemas under a patient group direction (PGD). Staff who administered the enemas as a PGD, had received training and were assessed as competent. We reviewed the PGD and found this was last reviewed in March 2019. All staff who were competent to administer the enema had read and signed the PGD.
- Access to and use of all medicines were included in the contract with the host hospital. The service did not prescribe or supply any medicines for patients to take home. If new prescriptions were required this was documented in a detailed post-procedure report, which was shared with the patients' GPs.
- Reversal medicines such as adrenaline and the haemorrhage equipment were stored in the procedure room when a clinic was running.

## 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.

- The service had a paper-based incident reporting system. Staff told us they would complete an incident form and report to the matron for the host hospital and the registered manager. Details of incidents which had occurred were shared with other members of the team at the end of the day through a communication book and emails to all staff so those who were not present on the day were informed.

- Staff knew what constituted an incident and knew how to report an incident. Staff were also able to give us examples of changes which were made because of an incident occurring, which we saw documented in meetings minutes and on the incident form.
- There were no serious incidents or incidents reported during the 12 months prior to inspection. However, the service reported four machine breakdowns, resulting in the 64 cancellation of procedures.
- There were no never events reported during the 12 months prior to inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Staff understood the duty of candour but had not needed to apply this within the previous 12 months. They were open and transparent and told us how they would give patients and families a full explanation should things go wrong.

## Are endoscopy services effective? (for example, treatment is effective)

Not sufficient evidence to rate 

We do not rate effective for endoscopy services.

## 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.

- Care and treatment were delivered in line with current legislation and nationally recognised evidence-based guidance. For example, the service offered non-urgent gastroscopy for patients in line with guidance from the National Institute for Care and Excellence (NICE): Quality Standard 96 Dyspepsia and gastro-oesophageal reflux disease in adults (2015).
- Staff had access to guidelines and policies to help inform their practice. We reviewed a variety of policies, which showed care and treatment was current and

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evidence based. Policies we reviewed included but were not limited to infection control and prevention, decontamination of endoscopes policy and fire management policy.

- The service manager told us Berkshire West Community Endoscopy Service (BWCES) shared some policies and standard operating procedures with the host hospital to avoid confusion for staff. For example, the endoscopy policy (2019) infection prevention and control (2018) and moving and handling operations (2017) were written and belonged to the host hospital and were available to BWCES staff.

## Nutrition and hydration

- Staff offered refreshments to patients following their procedures if it was safe to do so.
- There was access to free tea, coffee and hot chocolate or cold drinks for relatives who accompanied patients to their appointment.
- Patients who had received local anaesthetic/throat spray received information about when it was safe for them to eat and drink following the procedure.

## Pain relief

- Staff took actions to manage patients' discomfort during procedures. Staff monitored patients' comfort during procedures. Patients attending for a gastroscopy was given an anaesthetic throat spray to numb the throat.
- The service had a policy for the use of nitrous oxide for patients undergoing flexible sigmoidoscopy to alleviate discomfort. The policy was due for review in May 2020.
- Staff explained how they assessed and recorded patient's pain score using a numerical scale. Staff told us they explained to patients how to communicate that they wanted the procedure to be abandoned if it was too uncomfortable for them to carry on.

## Patient outcomes

### Staff monitored the effectiveness of care and treatment.

- At the previous inspection, we reported that the service did not collect applicable data in line with the British Society for Gastroenterology Quality and Safety Standards (2007) or as required by the Joint Advisory Group (JAG, 2005)

- The service reported no, 30-day readmissions in the 12 months before our inspection. The service requested referring GPs to inform them if any occurred however, it was unclear how the service would use this information.

## 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.

- The registered manager monitored compliance through the yearly appraisal. We reviewed five appraisals. We noted the appraisal process included reassessing the job description to match the activities each member of staff was carrying out.
- The appraisal included review of overall performance in the last 12 months and allowed staff to set objectives and indicate whether they were exceeding, meeting, partly meeting or failing to meet the objective.
- Competency was assessed during the appraisal meeting with the service manager and when training needs were identified the service manager worked with the member of staff to provide the relevant training. All staff we spoke with said they were supported to learn and develop within their role.
- Staff were encouraged at their appraisals to express interest in external training.
- Staff were recruited in accordance with organisation policy. Qualifications required varied depending on area of practice and where required, were verified with the relevant professional body. Any training requirements were identified on appointment and reassessed at the yearly performance and development review.
- All permanent, agency and new staff completed an induction to the service before they could practice. The induction included a tour of the department, introduction to the team and discussion of relevant policies, procedures and actions to take in the event of an emergency.
- At the last inspection, the service did not collect data to review individual endoscopist performance against key performance indicators. At this inspection, we saw the service had introduced this. Records provided by the service showed that all endoscopists had carried out more than 100 endoscopy procedures (of both gastroscopy and flexible sigmoidoscopy) a year as recommended by the Joint Advisory Group (2005).

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- Endoscopist mandatory training was submitted to the service. BWCES collected and monitored the volume of procedures undertaken by each endoscopist every month. Staff who were not up to date with their mandatory training were not allowed to practice in line with BWCES's policy.

## Multidisciplinary working

**Staff from different professionals worked together as a team to benefit patients. They supported each other to provide good care.**

- Although we did not see multidisciplinary working during the inspection, it was clear from interviews with staff and patient care records we reviewed that multidisciplinary working was embedded in the service.
- Staff we spoke with told us they worked well together and knew what each person's role was.
- Patient care records showed that they were completed by different staff to inform every part of the patient journey.

## Seven-day services

- Berkshire West Community Endoscopy Service did not offer a seven-day service. Clinics were generally held on weekends from 8am to 3.30pm. Patients requiring sedation were booked into clinics run by the host hospital staff on Monday and Friday mornings.

## Consent and Mental Capacity Act

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

- Records provided by the service showed staff had completed training in consent level two however, nursing staff did not routinely confirm consent. The registered manager told us it was the endoscopists responsibility as often this was the first time they met the patient. The registered manager told us there were plans to allow nursing staff to confirm consent.
- At the previous inspection, the data showed 78% of patients had signed their consent form in the admitting room with the nurse, 27 patients (19%) had signed the consent form at home and four patients (3%) had signed the form in the procedure room with the doctor. This process is referred to as a single-stage process and was not in line with national guidance (Royal College of Surgeons, 2016). This guidance recommends consent is

discussed and obtained in advance of the procedure to ensure patients have an opportunity to change their mind, also known as a two-stage process. During our recent inspection, it was unclear where consenting took place. Some staff told us consenting sometimes took place in the procedure room however, the registered manager told us this was not the case. We were unable to confirm this as we did not observe the consenting process and the patient survey results did not include information about consent.

- Nursing staff told us they explained to patients how to withdraw consent at any time during procedure.
- Staff told us they advised patients of minimal risk but did not clearly state the likelihood of risk or discuss alternative procedures. We were unable to see staff obtaining consent on the day of inspection. However, the consent form described in detail the risks of the procedure.
- All staff were compliant with Mental Capacity Act (2005) training which was better than the previous year's compliance rate of 44%. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were aware that a separate consent form was to be completed and that it was the responsibility of the endoscopist to make the final decision whether the procedure should go ahead.

## Are endoscopy services caring?

Not sufficient evidence to rate 

There was not sufficient evidence to rate caring.

## Compassionate care

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

- The provider collected patient feedback every month and displayed the results in the waiting area. Data provided by the service for June 2019, showed that 52 patients had responded Responses were all positive with 96% of respondents stating they were extremely likely to recommend the service.

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- Feedback received from people who used services and those close to them was consistently positive. People said that staff always provided care that exceeded their expectations.
- All patients we spoke with described how they were treated with respect and dignity and were made to feel comfortable during the procedure.

## Emotional support

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

- Staff explained how they provided emotional support to patients, families and carers to minimise their distress. Chaperones were available if requested. There were posters displayed in the waiting areas and on the website advising patients they could request a chaperone.
- We reviewed the chaperone policy which was due for a review in January 2021. The policy followed guidance by the NHS Clinical Governance Support Team on the role and effective use of chaperones in primary and community settings, model chaperone framework in 2005. The policy directed the reader to further guidance related to chaperones.
- Feedback from patients confirmed that staff provided emotional support when required to help them to cope emotionally during their care. One patient said they were seen by the same consultant on several occasions which gave him continuity of care and made the experience less distressing. Whilst another patient commented that they felt they were reassured throughout their appointment.

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

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

- Patients said they were given enough information prior their appointment and patient information leaflets were available on the service's website.
- Staff at the clinic recognised the impact of the care they provided on the patient and those close to them. People who used services were given appropriate and timely

support and information to cope emotionally with their procedure. Staff told us they would reassure patients, reexplain the process and advised them to attend with a friend/ relative/ carer.

- The service allowed carers and family members to attend however, they were not allowed in the procedure room.

## Are endoscopy services responsive to people's needs? (for example, to feedback?)

Good 

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

## Service delivery to meet the needs of local people

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

- The service operated under a contract from the local Clinical Commissioning Group helping to reduce the demand on the NHS. There were agreed referral criteria for patients attending for procedures, which were agreed with commissioning stakeholders. GPs referred patients for community based diagnostic endoscopy to provide an alternative for patients and a shorter waiting time. Patients were referred either as high priority or for routine investigations.
- Access to the service was on a planned basis with appointments booked in advance. There was a patient car park in front of the service. The hospital that the service operated from was on a main road with additional on-street parking and was close to public transport routes.
- The waiting area had comfortable seating arrangements and free refreshments was available from a dispensing machine. Daily newspapers and magazines were available for patients to read.
- Endoscopy services were provided over the weekend, which all patients we spoke with felt was convenient and allowed them more flexibility when to attend the appointment.

## Meeting people's individual needs

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

- The service took account of patients' individual needs. Patients were referred by their GP using an electronic referral system. Patients received a referral confirmation letter containing their unique booking reference number and password. Once this letter was received, patients could telephone the booking team and book an appointment to suit their needs and preferences within an agreed priority framework depending on the severity of their symptoms. Patients received written information ahead of their appointment which included specific instructions and information about what to expect.
- The service did not offer conscious sedation for patients attending at the weekend. These patients were those who had repeated gastroscopies as part of a Barrett's Oesophagus (BO) Surveillance programme (monitoring of cells in the lining of the food pipe for early detection of potential cancer). Patients who required conscious sedation were offered appointments on Mondays or Fridays when the procedure could be carried out by another organisation.
- Relevant information about patients' communication needs were identified, and reasonable adjustments implemented to ensure patients had the information they required. Patients requiring an interpreter, were identified at the point of booking and was arranged ahead of the appointment. The service had a website which offered access to some information in more than 100 different languages. It was easy to find the translation option and ensured most patients could access information about the service. Information about specific procedures was only available in English on the website. Written information could be sent out in different languages if required. Interpreters were also used to help disseminate pre-procedure instructions such as how to administer an enema before arriving for the procedure.
- The service accepted patients without discrimination, including on the grounds of protected characteristics under the Equality Act, 2010. The exclusion criteria did not include patients with additional needs although it was rare that patients living with dementia or a learning disability was referred to the service by their GP.

### **Access and flow**

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

- From August 2018 to July 2019, the service reported 77 cancelled procedures. The most frequent reason was due to machine breakdown which resulted in 64 cancellations. This was better than the previous year where 152 procedures were cancelled.
- The service was compliant with the referral to treatment performance standard of six weeks. All patients undergoing gastroscopy were seen within two weeks; however, patients requiring flexible sigmoidoscopy procedures were currently on a six-week waiting list while the service waited for an endoscopist specialising in flexible sigmoidoscopy to start working. The service was reporting to the clinical commissioning group (CCG) every two weeks to update them with the progress of recruitment and the waiting list.
- Patients told us appointments were always on time and the service always accommodated their availability for treatment.
- During our inspection, we found the service had begun to monitor rejected referrals. Between April and October 2019, there were 26 rejections for flexible sigmoidoscopy. Twelve rejections were due to the haemoglobin level being too low (suggesting the individuals may have anaemia).
- Between September 2018 and August 2019, there were 19 gastroscopy rejections and the most common reason for rejection was the procedure not being required.
- Rejections were communicated to the patient's GP by phone and on an electronic referral system stating the reason for rejections. The service was exploring whether the haemoglobin level criteria could be lowered slightly to reduce the number of rejections.

### **Learning from complaints and concerns**

#### **It was easy for people to give feedback and raise concerns about care received.**

- There were processes to ensure patients and their relatives could make a complaint or raise a concern if required. The service had an in-date complaints policy which was displayed in the waiting room. The policy set out the responsibilities of staff and the complaints process. The service manager was responsible for overseeing the management of complaints.
- The service accepted complaints and concerns in person, through telephone or email. Staff said they

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would address all complaints at the earliest opportunity if the complainant wished to discuss the matter whilst they are on site. If this was not possible, the service made arrangements to either speak to the complainant through telephone or in person when it was convenient to the complainant.

- In the event of a written complaint, an acknowledgement was sent within five working days and a full response was sent within 20 working days.
- Patients we spoke with told us they were pleased with their care and treatment and had no reason to make a complaint.
- The service had not received any complaints in the 12 months before our inspection.

## Are endoscopy services well-led?

Good 

Our rating of well-led improved. We rated it as **good**.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

- The service was overseen by the clinical lead, a finance manager and the registered manager. However, the day to day running of the clinics was managed by the nurse and the endoscopist in charge. The clinical lead did not live or work in the UK and we asked staff what impact this had on leadership. Staff we spoke with did not express any concerns and stated the clinical lead visited and worked in the service at least twice a year. We saw there were weekly teleconference meetings and minutes showed they discussed all aspects of the business.
- At the last inspection, the service had no identified nursing leadership. During our recent inspection, we saw that a clinical nurse lead had recently been appointed and this was in line with the British Society of Gastroenterology (2007), who recommended that there should be identified medical and nurse leads within

services that provide endoscopy. However, from the meeting minutes we reviewed and staff we spoke with, they were not clear about what their role within the service entailed.

- Staff told us that although the register manager was not normally on site during the weekend, they were able to contact them at any time. Staff said the registered manager was supportive and approachable.
- The registered manager was resigning and told us they were in the process of interviewing candidates for the role.

### Vision and strategy

**The service had a vision for what it wanted to achieve.**

- Berkshire West Community Endoscopy Service had a vision for the development of the service which included increasing activity, having service provisions at other sites and introducing an endoscopy management system. Staff we spoke with could not articulate the service's vision however, they had a good knowledge of the service's core values and understood their role in achieving them. Staff told us they believed their performance was in line with the service's values. The core values centred on being caring and compassionate, actively listening, to respect, understand and respond, to value all members of the team and to be a can-do service working together to provide a service of choice for patients.
- The service had a clear statement of purpose setting out aims, objectives and values. This was also available for patients to see on their website.

### Culture

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

- Staff spoke of a strong team ethos and felt supported by their colleagues and the registered manager. We were told the service created a positive working environment.
- Staff said as the team was small, and they knew each other well, they felt it was a pleasure to work for the service as everyone was helpful and supportive.

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- Staff said they were proud to work for the service and the quality of care they provided. One member of staff explained that the service worked hard to provide patients with timely access to the endoscopy procedures.
- The culture of the service encouraged openness and honesty. None of the staff were able to recall any poor practice but they stated they had no hesitation in bringing any errors or near misses to the attention of the registered manager.

## Governance

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

- The governance structure was well established, and staff told us it functioned well. The governance arrangements were appropriate to the limited range of services provided and the small team delivering these services.
- There were regular staff and clinical governance meetings to ensure a safe and effective service provision in line with best practice. Records showed staff meetings were held every three months and staff confirmed this. We reviewed various meeting minutes between the host hospital and Berkshire West Community Endoscopy Service (BWCES). There was a set agenda including a review of the provider's CQC action plan with the local clinical commissioning group, progress of joint advisory group (JAG) accreditation and weekend maintenance cover for endoscopy.
- There were forums and scheduled team meetings to disseminate patient outcomes or discuss clinical or non-clinical issues, such as incidents or complaints. Information was shared through the morning huddles, a communication book and emails.

## Managing risks, issues and performance

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

- The service had a risk register which was last reviewed in September 2019. The service manager told us this was reviewed yearly or when there was a significant change.
- There were 46 risks on risk register and the service manager was aware of the current risks and mitigation actions. Risks were rated, taking into account the likelihood and the impact of the risks to the service. We noted that all risks had controls to reduce the likelihood of the risk occurring.
- The service had an in-date business continuity policy and the clinical lead was the business continuity lead for the service. Staff were aware of their roles and responsibilities to ensure patients and their relatives were not affected in the event of a major incident. The policy had recommended actions dependent on the events. The policy had a flow chart to assist staff to correctly escalate incidents.

## Managing information

**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.**

- We saw computers were password protected and locked when not in use.
- The service had a privacy policy which stated what records were kept by the service including, health records, patient and GP contact details and results of investigations. The policy also detailed how this information could be used for audits and investigation of complaints.
- Staff had access to the integrated care system used by local GP surgeries and NHS hospitals. This allowed them to review investigation results such as haemoglobin levels, which could determine whether the patient was fit to undergo an endoscopy procedure.
- Information governance training formed part of the mandatory training programme. Training records showed that 100% of staff had completed the training in the last 12 months. Staff we spoke with understood their responsibilities to maintain confidentiality and report any incidents relating to a breach of security.
- The clinical lead of the service was the Caldicott Guardian who was responsible for protecting the confidentiality of patient's healthcare information and ensuring it was used for the right purposes. There was a

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Caldicott protocol which explained the guardian's responsibilities including assessing and challenging the sharing of information between the service and other organisations.

## Engagement

### **Leaders and staff actively and openly engaged with patients and staff to plan and manage services.**

- Staff had a huddle at the start of every clinic to ensure all staff providing care were aware of any issues. It gave staff the opportunity to receive updates written in the communication book and discuss patient needs.
- Staff felt the service manager kept them up to date. There were monthly newsletters and staff were required to attend the governance meetings at least twice a year.
- Management recognised the importance of staff attending clinical governance meetings and therefore asked them to vote for the best day to hold the governance meetings. Staff we spoke with said they felt their input was taken into consideration. Furthermore, the service reimbursed staff for attending, as this was in addition to their rostered hours.
- The service sought the views of the staff in a yearly staff satisfaction survey. The survey was completed by 47% of staff and responses were generally positive.

- Staff informed us that they were responsive to their patient's views, which were received by the clinic verbally or by patients completing satisfaction surveys but were unable to give us any examples of when practice was changed because of these.

## **Learning, continuous improvement and innovation**

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

- There was a working programme set up to review the standards of the National Safety Standards for Invasive Procedures alongside the standards of Berkshire West Community Endoscopy Service, enabling the service to develop Local Standards for Invasive Procedures. The first draft was to be considered at the clinical governance meeting in February 2020.
- The service was working with the host hospital to gain a Joint Advisory Group (JAG) accreditation. Progress on this was reported to the clinical commissioners on a monthly basis.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- Staff should complete all patient care records including signatures and clearly written instructions of onward care.
- Staff should inform patients of all the risks associated with the procedure and gain the patient's consent prior to entering the procedure room.