

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Northgate Endoscopy Unit

Northgate Medical Centre, Pontefract, WF8 1NF

Tel: 01977781253

Date of Inspection: 10 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Fountain Diagnostic Limited
Registered Manager	Mrs. Susan Mary Martin
Overview of the service	Northgate Endoscopy Unit is situated in the centre of Pontefract. The facility is close to local transport links, making it ideally located for patients travelling by public transport. It provides diagnostic endoscopic services in a community health centre setting. People are referred to this service by their own GP.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with a person who had just undergone a procedure who said it was their second visit to the service and that the care and treatment was "fast and efficient". They felt they had always been treated as an individual.

We looked at evidence of patient's experiences from a recent patient satisfaction survey for both endoscopic procedures performed. We looked at the complaints and incidents register. We found high levels of satisfaction throughout with a consistent message of patients feeling they had been treated with privacy and dignity, as well as having their treatment, care and/or medication fully explained by a healthcare professional. The service had taken time to amend the pre-procedure information for the upper GI endoscopy procedure in light of comments received in the last survey.

Protection from the risk of infection was evidenced by appropriate guidelines being followed, particularly for sterilisation procedures for the endoscopes, together with good execution by the staff. On inspection, the treatment area was clean and appropriate protective clothing was available.

Staff received appropriate professional development and support and a training programme was in place. The patient surveys told us staff were always found to be helpful and professional.

The service had effective monitoring tools in place to monitor the quality of service patients received. There was evidence to show that action had been taken following a patient complaint.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The service had recently completed patient satisfaction surveys for the two endoscopic procedures performed. These were flexible sigmoidoscopies and upper gastro-intestinal endoscopies. Both sets of results showed high levels of satisfaction throughout. Evidence was available to show this data had been thoroughly evaluated and clear action plans had been set within reasonable timescales to make appropriate changes to either documentation or procedures where required.

We looked at the information sent out with the patient's appointment. This was very informative and covered all aspects of the process, including how to prepare for the procedure and what to expect once the procedure had been completed. Advice on how to take medication prior to the procedure was clearly described, as well as reassurances that the doctor and staff would provide more support on the day. Specific guidance was available for insulin dependent diabetic patients.

The information pack also included a consent form which set out things patients should take account of in advance of the procedure. The patients also had access to a telephone interpreter service if needed and were offered the opportunity of talking through the details of the consent form on the day with the doctor.

The service had recently reviewed its' policies for equality and diversity and for the handling of complaints. With regard to the latter, it was noted that the number of complaints had risen, however, this was due to verbal complaints now being included. Overall, the total number of complaints received was extremely low in relation to the number of patients using the service.

Evidence was available to show that complaints and incidents were regularly discussed at team and clinical governance meetings, with appropriate action taken where necessary.

The evidence described and evaluated shows that the provider had in place suitable arrangements to ensure the dignity and privacy of patients and that those patients were able to make decisions relating to their treatment.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the appointments system which showed why the patient had been referred from their GP. Appointments were allocated in accordance with the urgency of the referral and wherever possible, patients were offered an appointment time to suit their personal circumstances. The manager told us that Saturday morning sessions could be arranged if patient demand required this.

We were told by the doctor that they spent time with the patient as part of the pre-assessment process along with a member of the nursing team, in order to ensure the patient was fully prepared for the procedure.

We looked at four patient's files which included a comprehensive treatment plan setting out the reasons for the referral by the GP and signed evidence to show both the doctor and nurse had explained the process, together with the patient's signature. The documentation also set out the results and how this was reported, together with advice about ongoing care.

The emergency defibrillator was in close proximity to the treatment area. Staff received annual training in basic life support.

Any incidents or significant events had been recorded and discussed at team and clinical governance meetings. The company Significant Untoward Incident policy was up to date.

The ventilation and cooling systems were regularly tested and maintained. The number of air changes in the endoscopy area is important in reducing the risk of airborne infection.

As tenants of the building, the service relied on the health centre management to arrange fire alarm testing and evacuation exercises. Documentation showed that the alarm system was tested weekly and a fire evacuation exercise had taken place in July 2013.

A recent external infection control audit had produced a high overall compliance. However, a wash hand basin and taps in the main treatment area had been recommended for change to comply with hygiene regulations. The doctor told us this was to be carried

out early in the New Year.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The service successfully gained Joint Advisory Group (JAG) accreditation on GI endoscopy, which was subject to the unit continuing to maintain the scheme standards and submitting appropriate evidence to the JAG on request. The certification process was rigorous and the service was able to satisfy the assessors that the facilities and treatment provided were of the required standard. The three key areas which were assessed were, clinical quality; quality of patient experience and workforce.

We were shown around the endoscopy unit by the doctor who was able to demonstrate how patients of different gender were separated and how patients were recovered in different areas depending on what type of sedation they had been given.

We saw a dedicated area within the unit for the resuscitation trolley, oxygen, suction and the emergency drug box.

The unit was modern in appearance and was clean and tidy.

We examined the relevant documentation showing that all electrical equipment was being properly maintained and tested in accordance with the manufacturer's guidelines.

The risk assessment register was examined and showed details of all potential and actual areas of risk. These included, endoscopic failure; water testing results and Control Of Substances Hazardous to Health.

We looked at a variety of operational procedures for the use of the equipment which were easy to read and up to date. Staff were able to demonstrate a good understanding of these procedures.

We looked at how medical device alerts were dealt with. These were received centrally and disseminated to several members of the nursing team and a nominated individual was responsible for reporting either action taken or that the alert was non-applicable. The company medical devices policy was examined and was up to date. It also provided clear guidance on the roles and responsibilities of the unit's nursing team to address such alerts.

The evidence described and evaluated shows that the provider had in place suitable

arrangements to protect patients and others who may be at risk from the use of unsafe equipment.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Staff received appropriate professional development.

Reasons for our judgement

Each member of staff had a personal training record showing both mandatory and personal training requirements completed and yet to be undertaken.

A staff survey conducted during the year had shown very positive results with high levels of satisfaction, including staff feeling appreciated and supported in the roles they performed. They also felt that opportunities were available for them to progress within the organisation. There was a strong team ethic driven by the fact that each member of the team knew their respective roles and responsibilities which created a supportive environment.

The responsibility for supervision and appraisal was that of the nurse endoscopist who was not available on the day of the visit. However, evidence showed that supervision and appraisal was in place although individual records showed that this had not been carried out for all members of the team at the time of the visit. We were told that those outstanding appraisals would be completed in January 2014.

We saw the newly introduced competency checks for staff were in place and formed an integral part of the supervision and professional development framework.

We spoke with four members of the nursing team who confirmed they had received training in areas such as infection control; safeguarding vulnerable adults; fire; basic life support and decontamination procedures for endoscopes.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There was strong evidence to support patient involvement in their care and treatment. This was demonstrated by the patient satisfaction survey results.

Medical device alerts were being dealt with promptly and efficiently.

The service had a stringent clinical governance programme which regularly monitored the quality of service. Several audits were available in areas such as compliance with appropriate best practice standards; reducing the number of patients who do not attend; record keeping and infection control. The manager showed us minutes of clinical governance meetings where it was demonstrated that the service continually reviews its' practice in order to maintain high standards of care. Service improvement was also part of this process.

The doctor was able to demonstrate that he, as the principal practitioner, had received appropriate training, together with other doctors who performed procedures. It was understood that a refresher course may be held in 2014. The audit of outcomes in the unit's annual report supported the high level of clinical skills available. We were also told that an Endoscopic Steering Group meeting was held at three monthly intervals. This was a forum where clinicians, nurses and management had the opportunity to review the service provided and make changes in response to patient feedback or national guidelines.

The evidence described and evaluated demonstrates that the provider had in place suitable arrangements to protect patients and others against the risks of unsafe treatment by regularly assessing and monitoring the quality of the service provided.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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