

Nuffield Health

Nuffield Health Bristol Fitness and Wellbeing Centre

Inspection report

Nuffield Health Bristol Fitness and Wellbeing Centre
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Ratings

Overall rating for this service

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. (Previous inspection January 2016 - independent healthcare services were not rated at that time)

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

Summary of findings

We carried out an announced inspection at Nuffield Health Bristol Fitness and Wellbeing on 3 May 2019. This was a routine inspection with the purpose of rating this independent health service for the first time.

The Senior General Manager is 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.

Eight people using the service provided feedback about their experiences at Nuffield Health Bristol Fitness and Wellbeing Centre during the inspection. Their comments were strongly positive about the quality of the service and appointment length and scope. Staff were described as engaging and motivating providing helpful guidance and a supported plan for the person to improve their health and wellbeing.

Our key findings were:

- There was positive patient satisfaction about all aspects of the service.
- Organisational safety systems facilitated oversight of reporting, recording and learning from incidents.
- Information about services and how to complain was available and easy to understand.
- All three health assessment rooms were well organised, equipped and clean.
- The service had systems in place to check all equipment was serviced regularly, including the blood screening equipment.

- Clinicians referred to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence providing a framework for assessment of patients.
- Staff worked within their competencies and demonstrated they maintained the necessary skills and competence to support patients.
- Experiential learning was used to raise awareness about safety and emergency events, without notice. These were evaluated with the team so learning could be used proactively to improve quality and safety at the service.
- The provider worked with other NHS organisations and charities to provide services to vulnerable or hard to reach individuals.
- Quality assurance systems were monitored through clinical and non-clinical audit and provided assurance of adherence to policy and reduced potential risks to patients.
- Staff were highly motivated, and patients said they were kind, caring, competent and put them at ease.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

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

Review safeguarding competencies and training with all staff to ensure these are in line with national guidelines.

Review the standard operating procedure covering duty of candour to ensure patients receive a written apology after verbal contact when affected by an incident.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Nuffield Health Bristol Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

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

Nuffield Bristol Fitness and Wellbeing Centre is part of Nuffield Health a not-for-profit healthcare provider. The health assessment clinic is based within the centre. Over 90% of patients seen in the clinic are employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. Services are predominantly for those over 18 years of age with some activities open to children, however health assessments are not available to children. Health assessments are available to both members and non-members.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Nuffield Health Bristol Fitness and Wellbeing Centre provides a range of fitness activities, for example, personal training, fitness suite, exercise classes, physiotherapy, swimming pool and café which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury in relation to the health assessment services offered.

Patients have access to a range of health assessments:

- General lifestyle health assessment for patients wanting to reduce health risks and make lifestyle changes.
- A female assessment covering all aspects of female health including a cervical smear test and mammogram carried out by a clinic doctor.
- Male specific testing includes testicular examination and prostate testing.
- A '360' health assessment which is an in-depth assessment of a patient's health and wellbeing and includes a review of diabetes and heart health risks.
- A '360 plus' health assessment which is the most in-depth assessment with an extra focus on cardiovascular health in addition to bespoke health assessments focusing on weight management and resilience.

The organisation promotes involvement in the local community and the centre supports local community events such as the Park on Park Street and Bristol Sports Day by offering free health advice sessions and information.

The centre is open for fitness between 6am and 10pm Monday to Friday and between 8am and 9pm on weekends and bank holidays. The core opening hours for the health clinic are Monday to Friday 8.30am-5.30pm. Pre-booked appointments for patients are carried out during this time.

The staff team at the health clinic consist of a senior general manager, reception staff, a full-time health screening doctor and three physiologists (a physiologist is a graduate in exercise, nutrition and health sciences, and are full professional members of the Royal Society for Public Health (RSPH). They are trained to carry out health

Detailed findings

assessments, give advice and motivate lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management. The team undertook the planned health assessments.

The service does not provide monitoring and treatment for people with long-term health conditions as this falls under the remit of their own GP and NHS Primary Medical Services. This is explained to people using the service at the point of booking and during consultation with the clinic doctor.

How we inspected this service

The service provider sent us pre-inspection information, which we reviewed before the inspection. Prior to the inspection we reviewed the last inspection report from 15 January 2016, any notifications received, and evidence provided from the pre-inspection information request.

At the inspection we received five comment cards and spoke with three people using the service, interviewed staff, observed interactions and reviewed documents.

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?

Our findings

We rated safe as Good because:

There were effective systems and processes in place to keep patients safe and safeguarded from abuse. Risk management processes were in place to mitigate risk and prevent harm. Staff had access to information promoting patient safety when delivering care and treatment. Medicines management was effective for emergency equipment and medicines.

Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It 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 service had systems to safeguard vulnerable adults from abuse. Staff had access to and knowledge of the wider organisational policies for safeguarding children, although the clinic did not provide a service to children or young people under 18 years of age.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, clinical staff verified their safeguarding children training was to level two and there were plans to do level three to meet national guidelines. 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. For example, audits demonstrated regular checks of water supplies were carried out to reduce the risk of legionella

contamination. Clinical staff carried out phlebotomy and near patient testing for most blood samples taken. Personal protective equipment and single use equipment was seen in use.

- 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. Examples seen included calibration of blood testing equipment and a valid healthcare waste contract for collection of items such as sharps bins.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of patients 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. Staffing rotas showed consistency with a health assessment doctor, clinic manager, a physiologist and an academy physiologist (completing post qualification clinical experience and post graduate qualifications) on duty every day.
- There was an effective induction system for staff tailored to their role. The service had changed its policy since the last inspection and no longer used locum staff. Where cover was required, there were reciprocal arrangements with similar Nuffield Health services in the South West region.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. We reviewed indemnity cover for clinical staff, which was valid.

Information to deliver safe care and treatment

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

Are services safe?

- Individual records were written and managed in a way that kept people safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies, including a patient's GP, to enable them to deliver safe care and treatment.
- 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.
- Records seen demonstrated 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 provider did not prescribe medicines at the service, therefore there was no prescribing data to review or report on. The only medicines held on site were emergency medicines to treat patients in the event of an emergency.
- The systems and arrangements for managing emergency medicines and equipment reduced risks. The service had appropriate emergency medicines and equipment such as oxygen, emergency medicines and defibrillators. Immediately following the inspection, the service sent us the organisational risk assessment for emergency drug requirements, which was in place for non-acute medical sites. This clearly set out a standardised list of emergency drugs and equipment required.

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 (datix) for recording and acting on complaints and significant events, including general data protection regulation breaches. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. Each incident was graded according to risk and the service reviewed the key themes to mitigate against risks reoccurring.
- There had been one significant event in the previous 12 months, which we reviewed at the inspection. The service had recently found abnormal blood results analysed by an external laboratory were not actioned within the standard operating procedure of five days for a male patient. Records demonstrated escalation and investigation by the national duty doctor and learning was shared with the service. New IT systems were not embedded causing delay in receipt of the results and when received these were not escalated for review by a clinician. The procedures were amended, and buddy arrangements put in place for results to be reviewed in the event of the lead clinician not being on duty. Governance arrangements were implemented with daily checks carried out of blood pathology actions. We saw the system automatically calculated the number of days since the sample was taken, results received and time waiting for review and action.
- The service worked closely with the acted on and learned from external safety events as well as patient, medicine and device safety alerts.
- The provider had policies and procedures which provided guidance for staff about the requirements of the duty of candour.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. Effective needs assessment, care and treatment. Quality assurance systems provided insight about performance and areas to improve at the service. Staff had the skills, knowledge and experience to carry out their roles. There was coordination and sharing of patient information where appropriate. Patients were asked for consent and empowered by supportive and motivating staff to improve their health and wellbeing.

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.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Patients completed a pre-consultation self-assessments to identify suicidal ideation and vulnerability when experiencing domestic abuse.
- Clinicians had enough information to make or confirm a diagnosis. Referral pathways were in place highlighting triggers requiring onward referral within a given timescale, for example if blood was found in the patient's urine an immediate referral to their GP was made within 24 hours, or if not possible to the local Accident and Emergency Department.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Many patients returned for annual health assessments through a corporate benefits scheme.
- Staff assessed and managed patients' pain where appropriate. Patients were given a 10-day gym membership as part of their health and wellbeing assessment. They could access private physiotherapy services within the premises.

- Analysis of most blood results took place at the clinic within an hour of phlebotomy for discussion with the health assessment doctor. The immediacy of this information facilitated focus for the consultation and development of an individual plan with the patient to improve their health and wellbeing.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements from a variety of sources including: patient feedback, local clinic audit and national organisation audit, significant event analysis and complaints. 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. For example, the service had improved its adherence to the Equality Act to ensure the needs of trans people were met as a result of sharing learning at a clinical education group. The pre-consultation questionnaire completed by patients asks for their 'gender at birth' to ensure all potential health risks were known. The patient could then choose how they identify themselves/their gender during the booking and assessment process. Doctors had received training on gender fluidity through the Royal College of General Practitioners (RCGP) and were able to access NHS guidelines on the service extranet pages.

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 were registered with the General Medical Council (Doctors) or members of the Royal Society for Public Health (Physiologists) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is 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. An example seen was a female patient being signposted to the NHS Breast Screening Service following a well woman assessment.
- 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 this information was not available 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.
- The provider had risk assessed the treatments they offered with were advisory and based on clinical assessment. No medicines were prescribed at the clinic.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

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.

- 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. These were set out in a tailored health plan, with agreed actions to support improving the patients' health and well-being. Tests completed were dependent upon the health assessment chosen by the patient, but could include cardiac risk scoring, exercise ECG (electrocardiogram) or an aerobic fitness test.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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. The patient record system had mandatory fields, including recording when consent was obtained.

Are services caring?

Our findings

We rated caring as Good because:

Eight patients commented verbally and in writing that staff were kind, respectful and showed compassion. Patients told us they were empowered and motivated to improve their health and wellbeing. Their dignity and privacy was maintained.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.

Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Eight patients told us through comment cards and in person, 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect, which was verified by feedback from eight patients during the inspection.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. No conversations during consultation could be heard in the waiting room and staff were discreet when talking with patients in communal areas.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Services were developed in line with Nuffield Health's strategy to improve the health and wellbeing of communities. The Bristol clinic services were tailored to the needs of people living in the area, who were predominantly of working age or retired. Patients experienced high satisfaction regarding access to the service, length of appointments and support available to help them achieve better health and fitness. All forms of feedback, including complaints were taken seriously and acted upon.

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. Since the last inspection, the clinic had introduced access to private mental health support which was hosted onsite. Improved identification of mental health risks such as suicidal ideation and domestic abuse, facilitated triage for signposting and early referral of any patient experiencing this.
- 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. There was lift access from ground level and disabled facilities onsite.

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. The clinic had

equipment with the majority of blood results analysed within an hour. Some results took longer as they were process off site for example Prostate Specific Antigen testing.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use by booking online or by phone.
- Referrals and transfers to other services were undertaken in a timely way and being monitored by the newly implemented tracking system. Letters were sent to the patient's own GP and/or given to the patient with advice to present to their GP or another NHS service.

Listening and learning from concerns and complaints

Nuffield Health took complaints and concerns seriously and responded to them appropriately to improve the quality of service.

- Staff showed us the reporting system (Datix) which was available on all computers to record and act on complaints. Each complaint was graded, and the service reviewed the key themes.
- No complaints had been received in the previous 12 months. Staff told us they experience high patient satisfaction, particularly due to being able to provide lengthy consultations. Eight patients gave feedback during the inspection and their comments reflected this.
- The service had complaint policy and procedures in place. This stated patients were informed of any further action that may be available to them should they not be satisfied with the response to their complaint. The service demonstrated they had acted on wider learning from individual concerns, complaints and from analysis of trends gathered across the organisation of Nuffield Health. It acted as a result to improve the quality of care.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

Leaders demonstrated they had the capacity and skills to deliver high-quality, sustainable care. The service was outcome focussed and empowered patients to determine and receive the support needed to achieve their personal goals. Governance arrangements were two tiered, making all staff responsible and accountable for their actions. There were effective processes for managing risks, issues and performance. Quality assurance systems promoted improvement and innovation.

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 at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Nuffield Health stated its charitable aim was 'to promote and maintain the healthcare of all descriptions and to prevent, relieve and cure sickness and ill health of any kind for the public benefit'.
- Staff explained the provider's values framework known as 'CARE': Connected, Aspirational, Responsive, Ethical. They were motivated and clear about their roles in developing and achieving the organisational values.
- The service monitored progress against delivery of the strategy.

Culture

Nuffield Health had a culture of high-quality sustainable service.

- 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 responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We asked to see evidence of a written apology being made to the patient whose results were delayed in being actioned. At the inspection, the service was able to confirm the patient had been informed of the delay and follow up actions with their GP by telephone. However, a written apology had not yet been sent. Since the inspection, the service verified it had added further information to the datix system sharing this as a learning point across the organisation to ensure a written apology is also sent, where appropriate, to a patient for any future event.
- Staff told us they could raise concerns and were encouraged to do so. We were shown the datix system, which had an icon on the staff log in screen facilitating this purpose. They had confidence that if they did raise any concerns these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. 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. Regular audits seen demonstrated compliance performance in these areas, which was risk rated and actioned.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Governance arrangements

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 working within their professional competencies.
- 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 sent us the risk register and action plan it held prior to the inspection. Examples seen were: clinicians followed set referral pathways to determine risk and timeliness of actions required. The service was proactive in reviewing this pathway after a referral was delayed for a patient whose urine sample contained blood. A tracking system was put in place to monitor referrals as a result of learning from a delayed referral.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, referral decisions. Leaders had oversight of safety alerts, incidents, and complaints. Governance of equipment was completed at two levels: regular audits were carried out of the equipment and calibration completed by a specialist company. The managing laboratory based at the Nuffield Hospital provided benchmarking and audit of blood results.
- 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 plans in place and had trained staff for major incidents.

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. Nuffield Health had organisational reporting systems demonstrating governance arrangements which ensured management and staff were held to account. Analysis of performance was accessible via the datix system, which provided completion prompts for actions which could be audited.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses, which were linked to the service risk register.
- 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. All staff were able to access at login an icon to report any general data protection regulation (GDPR) breaches, which were reviewed, investigated and escalated by a central team within the organisation.

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. The clinic had been raising awareness of its plans to roll out a joint pain programme in July 2019 working with GP practices to facilitate access to fitness services for patients in the area.
- Staff could describe to us the systems in place to give feedback. Patients were asked post consultation to evaluate their experience. Feedback was received from

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

patients via external review websites. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement with staff being supported with time and funding for courses to develop competencies aligned with their role.
- 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.
- There were systems to support improvement and innovation work. Links with local charities facilitated education of hard to reach groups about improvement of health and wellbeing.
- The clinic used an experiential learning approach to raise awareness of safety procedures and dealing with particular events, including needle stick injuries. Emergency scenarios were unannounced and enacted potential real events that staff could encounter. Post event, these were evaluated with the team so learning could be used to improve quality and safety at the service.