Wrightway Health Limited

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Inspection report

West Site,
Norwich Research Park,
Norwich
NR4 7UA
Tel: 01603 724460
Website: www.wrightwayhealth.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 10 October 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Wrightway Health Ltd services are provided to patients under arrangements made by their employer. Some of these types of arrangements are exempt by law from CQC regulation. Therefore, at Wrightway Health Ltd, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

Wrightway Health Ltd is an independent provider of occupational health services and also offers a range of specialist services and treatments such as first aid coaching and fit mask testing (mask fitting for people with jobs which may casue respiratory complications) to people on a pre-bookable appointment basis.

Wrightway Health Limited is registered with the Care Quality Commission to provide services at Wrightway

Summary of findings

Health Ltd, West, Site, Norwich Research Park, Norwich, NR4 7UA. The clinic is based close to the city centre of Norwich in a quiet residential area. The provider also uses clinic rooms in Great Yarmouth, Cambridge, Bury St Edmunds and Ipswich. The main property in Norwich consists of a patient waiting room, reception area and administration office and consulting rooms which are located on the ground floor of the property. Further administration and meeting rooms were available on the first floor. There is on site car parking at all sites.

The practice holds a list of corporate clients and offers services to patients who reside in East Anglia and surrounding areas but also to patients who live in other areas of England who require their services.

The lead doctor 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.

As part of our inspection we reviewed 20 of the providers comment cards, collected between February and August 2017, where patients and members of the public shared their views and experiences of the service; 17 of the cards were positive about the service experienced. Patients said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments also stated that the environment was calm, safe, clean and hygienic. Patients told us they received information to help them make informed decisions about their care and treatment. The three comment cards with mixed feedback related to the forms that required filling in prior to consultation. Comments related to the time it took to fill these in and repetitiveness of the forms.

The provider employs seven doctors; one doctor is also the Director of the company and is responsible for the overall management of the practice, three nurses and seven occupational health technicians. The clinical team are supported by a team of administration and management staff.

The site is open from 8am until 5pm Monday to Friday.

The provider is not required to offer an out of hour's service. Patients who need emergency medical assistance out of corporate operating hours are advised to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency. This is detailed on the practice website and its patient guide.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand. Complaints were fully investigated and patients responded to with an apology and full explanation.
- Staff had not received a Disclosure and Barring Service (DBS) check and no formal, documented risk assessment had been conducted in relation to this. The provider stated they had been told they were not required to have a Disclosure and Barring Service check, however after the inspection they sought further advice and informed us they would be undertaking these checks for all clinical staff.
- Risks to patients were usually assessed and well managed. However, we found some out of date equipment at one site.
- The practice held a comprehensive central register of policies and procedures which were in place to govern activity; all staff were able to access these policies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Areas where the provider must make improvement:

- Ensure effective systems and processes are established in relation to good governance in accordance with the regulations and fundamental standards of care.

Summary of findings

Areas where the provider could make improvements and should:

- All doctors should be working toward achieving level 3 training in child safeguarding.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were recruitment processes in place. Staff had not received a Disclosure and Barring Service (DBS) check and no formal, documented risk assessment had been conducted in relation to this. The provider stated they had been told they were not required to have a Disclosure and Barring Service check, however after the inspection they sought further advice and informed us they would be undertaking these checks for all clinical staff.
- All staff who acted as a chaperone were trained to carry out this role.
- There were various risk assessments in place which included a risk assessment for the control of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we found some out of date equipment at one site. These were removed immediately and the provider sent evidence on the day of the inspection of a new system to monitor expiry dates.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood; for example, through use of sharps.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles.
- There was evidence of appraisals, induction processes and personal development plans for all staff. The provider fully supported clinicians through revalidation.
- The practice ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. There was a consent policy in place and audits to monitor the effectiveness of this policy.
- The provider had carried out multiple clinical and non-clinical audits to monitor and improve their effectiveness in areas such as consent and vaccinations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available to them and the related fees was easy to understand and accessible. A schedule of fees was provided to all patients.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The provider was able to evidence patient feedback cards. 17 were positive about the service and three had mixed comments.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The provider offered pre bookable consultations. The provider also provided home visits for patients who required them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- Language Line telephone translation services were available for patients whose first language was not English. This ensured patients understood their treatment options. There were also multi lingual members of staff who could translate where possible.
- There was a practice information guide and written information was available to patients in different languages. This could be made bespoke to each client's needs.
- Fees were explained to patients as part of the booking process to ensure openness and honesty.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The business plan was reviewed on an annual basis.
- There was a clear leadership structure and staff felt supported by management. The provider had a number of policies and procedures to govern activity and held meetings to discuss these.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider encouraged a culture of openness and honesty.
- Staff told us they had received comprehensive induction and training programmes.
- The provider proactively sought feedback from staff and patients and made changes to the service delivery as a result.

Wrightway Health Limited

Detailed findings

Background to this inspection

The inspection was carried out on 10 October 2017. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor and a practice nurse specialist advisor.

We carried out an announced, comprehensive inspection on 10 October 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

. During our visit we:

- Spoke with a range of staff including, a doctor, practice nurse, manager and members of the reception/ administration team.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

Reporting, learning and improvement from incidents

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. This included alerts from the Medicines and Healthcare products Regulatory Agency. There was a clear process for the actioning of these alerts. When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, detailed information and a verbal and written apology.
- They kept written records of correspondence.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the manager of any incidents or significant events and there was a recording form available on the computer system.
- Staff told us significant events were discussed in meetings and staff were invited to attend. Staff were able to give examples where change had been effected from events.
- The practice held a record of significant events which included details of investigations and actions taken as a result of the significant event.
- The practice carried out a thorough analysis of the significant events.

During our inspection we looked at four significant events and discussed these with the manager. We reviewed safety records and incident reports. We saw evidence of meeting minutes where significant events were discussed and action plans agreed to ensure safety was improved in the practice. For example, processes were reviewed as a result of an incorrect vaccine being administered. The provider had changed the labelling and colours in the fridge for vaccines to ensure this did not happen again and to make vaccines more easily identifiable.

Reliable safety systems and processes (including safeguarding)

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The manager was responsible for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. Doctors were trained to safeguarding level two. All non-clinical staff were trained to level one. The provider explained that due to the demographic of patients seen, it was very unlikely they would see children and therefore level two training for clinical staff was appropriate.
- The practice had a safe and effective system in place for the collection of pathology samples such as blood and urine.The practice used the services of an accredited laboratory.Pathology results were provided the next day and in some cases on the day to ensure patients received their results in a timely manner.
- A notice in the waiting room advised patients that chaperones were available if required. We saw evidence of chaperone training certificates during our inspection. A chaperone policy was in place.
- We reviewed five personnel files and found most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, training undertaken, qualifications and registration with the appropriate professional body. However, we did find that most members of staff, including clinical staff, did not have DBS checks and there was no risk assessment in place for this. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The manager and lead doctor did have DBS checks in place. The provider explained that they had enquired about DBS checks and were told these were not needed, however were unable to evidence this. The provider was able to provide evidence of DBS checks for previous employment for clinical staff and after the inspection reported that they would be undertaking DBS checks.

Are services safe?

Medical emergencies

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available. The practice held a master database which contained details of training which included basic life support training.
- The clinic had a defibrillator available on the premises and oxygen with masks. We saw evidence that this equipment was checked by the occupational technicians on a regular basis to ensure it was fit for purpose. A first aid kit was located on the ground floor and an accident book was available.
- There were notices on display in the emergency kits which gave clear instructions on actions to be taken in the event of an emergency, such as an anaphylactic shock and how to use the defibrillator.
- Emergency medicines were easily accessible to staff in a secure area of the clinic and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This plan included arrangements to be taken in the event of major disruptions to the service in the event of adverse weather conditions. The practice held emergency contact numbers for all members of staff.

Staffing

There was adequate staffing levels in place to meet the demands of the service, staff we spoke with confirmed that levels of cover were adequate. Staff were also supported by a manager.

There were effective recruitment and training policies in place, we saw evidence during our inspection that these policies had been adhered to in relation to a new member of staff who had recently been employed.

We saw evidence of medical indemnity insurance for doctors. Doctors were registered with the General Medical Council (GMC). The human resources manager carried out regular checks of GMC registration annually to ensure doctors were still on the list. Nurses received regular clinical supervision from the lead doctor during planned, face to face sessions. A nurse had successfully completed nurse revalidation and had been supported through this by the provider.

Monitoring health & safety and responding to risks

Risks to patients were always assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy in place and was accessible to all members of staff electronically and in paper format. We observed that this policy was in date. There was a health and safety risk assessment completed, which also covered lone working.
- All members of staff had received up to date health and safety training.
- The practice had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. The practice had an up to date fire risk assessment in place dated February 2017. The practice ensured there was a fire marshal on duty when the clinic was open. A fire action plan was on display informing patients and staff what to do in the event of a fire. All staff had received fire safety training. Fire doors were clearly identified and were free from obstruction; staff told us that regular fire drills were carried out. We saw evidence that the fire alarm system was tested on a weekly basis.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence of certification that showed all electrical and clinical items had been checked by an accredited external contractor. We saw that all electrical items and equipment calibration had been completed in December 2016. We saw evidence that this testing was booked again for November 2017.
- The practice held a risk register which contained numerous risk assessments such as manual handling and health and safety and COSHH.

Infection control

A nurse was the infection control lead. All staff including the infection control lead had received infection control training. The practice had an infection control policy in place. We saw evidence that daily infection control audits were undertaken for each consulting room and all other

Are services safe?

areas of the practice. We saw evidence that action was taken to address any improvements identified as a result. Hand sanitizing gels were available on the reception desk and in all patient areas for patient and staff use.

The practice had a risk assessment in place for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The landlord of the property had procedures in place for the prevention of Legionella which included flushing of all water outlets and cleaning and de-scaling of taps on a regular basis.

Suitable processes were in place for the storage, handling and collection of clinical waste.

Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.

The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

Premises and equipment

The practice maintained appropriate standards of cleanliness and hygiene. During our inspection we conducted a tour of the premises in Norwich and Great Yarmouth which included consulting rooms and patient areas. We observed the premises to be very clean and tidy. There was a process in place to ensure a cleaning and monitoring checklist was completed and signed on a daily basis for each area of the premises which included all consulting rooms and patient areas.

We found some out of date items at one site. These items included needles, syringes and a dressing. The provider took immediate action to remove these and sent a new policy and expiry date checking log the evening of the inspection.

Safe and effective use of medicines

During our inspection we looked at the systems in place for managing medicines. Medicines were stored appropriately in the practice and there was a clear audit trail for the ordering, receipt and disposal of medicines. There were processes in place to ensure that the medicines were safe to administer and supply to patients.

- The practice did not hold a stock of prescription forms. If patients required medicines, they were directed back to their GP. We observed that all staff followed information governance and security procedures at all times; computer screens were locked when staff left their work area.
- The practice carried out audits of vaccinations. We saw evidence that a weekly stock check was carried out on all vaccinations and to ensure they were within their expiry date.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- Doctor written instructions had been adopted by the practice to allow nurses to administer and/or supply medicines in line with legislation. We saw evidence of this during our inspection, and these were documented in patient's notes.

During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place. (Cold chain is the maintenance of refrigerated temperatures for vaccines).

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Staff were able to give specific examples of updates relating to vaccinations.

The provider held a register of all audits carried out which included timescales for further re-audit. The provider carried out numerous audits such as an audit of vaccinations, consent, appropriateness of referral and follow ups required. During our inspection we saw evidence that clinical audits were effective and showed quality improvement. For example, the provider carried out an audit relating to Hepatitis B vaccinations of patients. As a result of this, the provider had re-designed the recording form for vaccinations. They had also improved the letter explaining the results to the patients.

Staff training and experience

The provider had a comprehensive induction and training programme for all newly appointed staff. We spoke with a member of staff who had recently been employed by the provider. They told us they had received a comprehensive induction period which included mandatory training, observational training and regular one to one meetings for support. The provider also ensured that bespoke training was offered and tailored to each member of staff. Training covered such topics as safeguarding, hand washing techniques, fire safety, health and safety and confidentiality.

All members of staff were suitably trained to carry out their roles. Training records showed that staff had received all mandatory training. Staff told us they valued the training provided to them and the provider encouraged and supported study leave and costs of training programmes.

The learning needs of staff were identified through a system of appraisals; we saw evidence that all staff had received a review within the last 12 months by the lead doctor. All staff had a continual professional development record held on their personnel file which recorded details of all training undertaken such as basic life support, fire safety and health and safety.

The provider supported nurses and doctors through revalidation and had a comprehensive system to ensure appraisals were carried out by the occupational health organisation.

The practice had a schedule of training in place for example; basic life support training was carried out on an annual basis for all staff. The management team monitored the training log closely and we saw that all staff were up to date with training.

There was a checklist in place for the training requirements of all newly employed doctors and practice nurses which included an induction booklet. This was completed at the start of employment to identify areas of training required.

Working with other services

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the provider's electronic patient record system. This included care assessments, medical records, investigation and test results.

The provider ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. There was a stringent process in place to ensure this happened and consent was audited regularly. Due to restrictions in communication links with NHS stakeholders, the provider did not have access to a full medical history from the patients GP medical or hospital records and relied solely on the patient offering their history freely during a consultation.

Staff worked together as a multi-disciplinary team to meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. The provider made referrals to other independent or private sector services and could refer to NHS services where appropriate.

The provider encouraged and ensured staff had time to attend occupational health events to share learning and to improve networks of communication. The provider also held monthly meetings with their clients. This was an

Are services effective?

(for example, treatment is effective)

educational session where external training was provided and was followed by a feedback session. Training held by the practice included the importance of occupational health.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Before patients received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.The practice had a comprehensive consent policy in place.Patients were required to sign a written consent form.
- The lead doctor told us that any treatment including fees was fully explained prior to the procedure and that people then made informed decisions about their care.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the doctor assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice offered Language Line interpreter services as an additional method to ensure that patients understood the information provided to them prior to treatment. They also had multi lingual members of staff that could assist with translation.

The provider offered full, clear and detailed information about the cost of consultations and treatments, including tests and further appointments. We saw evidence of a schedule of fees displayed in the practice welcome pack. The lead doctor told us that fees were explained to patients prior to consent for procedures and was discussed as part of the pre-consultation process.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All staff had received training in confidentiality. Staff we spoke with understood the importance of confidentiality and the need for speaking with patients in private when discussing services they required. All staff had signed a confidentiality agreement.

Involvement in decisions about care and treatment

The practice had not received CQC comment cards, however they had produced their own. Patient feedback on the 20 providers feedback cards, collected between February and August 2017, told us that they felt involved in decision making about the care and treatment they received. They also told us 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. We also viewed the three feedback cards with mixed reviews which largely related to the paperwork that had to be filled in prior to consultation. Comments related to the time it took to fill these in and repetitiveness of the forms. The provider had acted on this by informing patients they needed to turn up 15 minutes before the appointment and offered to assist patients in filling these forms out.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

- Access to the practice was suitable for disabled persons. Patient toilet facilities were on the ground floor. The ground floor was accessible for disabled patients and all consultation rooms were on the ground floor. There was a lift to provide access to the second floor.
- The reception desk was of a lower level suitable for patients in wheelchairs. The reception desk was located next to the patient waiting room. There was a separate administration office where all incoming telephone calls were dealt with to ensure privacy and confidentiality for patients.
- Language Line telephone translation services were available for patients whose first language was not English. This also ensured patients understood their treatment options. There were also multi-lingual staff that could translate for patients where appropriate.
- There was a comprehensive provider information guide which included arrangements for dealing with complaints, arrangements for respecting dignity and privacy of patients and also the treatment options and services available. This was adjustable and could be made bespoke to client's needs.
- Health promotion information was available for patients in the waiting room and this changed monthly.
- Breast feeding and baby changing facilities were available.
- Pathology test results were provided the next day and in some cases on the same day the sample was obtained. There was a system in place to ensure all test results were received.
- The practice offered general travel health and disease prevention advice for patients travelling abroad for work purposes.

Tackling inequity and promoting equality

The practice offered appointments to anyone who requested one and did not discriminate against any client group or staff members. There were facilities for disabled patients and translation services available. There was an equal opportunities policy in place.

Access to the service

The clinics were open from 8am until 5pm Monday to Friday. Appointments were available on a pre-bookable basis and clients could be seen at multiple locations. The provider also offered 'home visits' including to work bases.

Concerns & complaints

The provider had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were detailed and thorough.
- The manager was the designated responsible person who handled all complaints in the practice.
- The provider held a record of all complaints received which included a record of all actions taken as a result of complaints received.
- A complaints form was available to help patients understand the complaints system. There was information on how to complain in the patient guide, patient waiting area and on the website.

We looked at four complaints received that had been received in the last 12 months. We found they were satisfactorily handled and dealt with in a timely way. We saw evidence of a written acknowledgement sent to the client which included full details of investigations carried out and an apology given where necessary. The provider also invited the patient in or phoned them to discuss the outcomes and changes to practice. The provider demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the provider had trialled different ways of informing patients they needed to be 15 minutes early for consultations to fill in necessary paperwork after a complaint that a clinic was running late.

Are services well-led?

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

Our findings

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff were trained to be multi skilled in order to cover periods of leave.
- The practice held a register of all professional registrations for clinical staff such as the General Medical Council (GMC) and Registered General Nurse (RGN). The register included details of medical indemnity insurance, renewal dates, dates checks were undertaken, Hepatitis B status, and held training certificates.
- Provider specific policies were implemented and were available to all staff. The provider held a comprehensive central register of policies and procedures. All staff were required to sign that they had read and understood these policies during induction; we saw evidence of this during our inspection. During our inspection we looked at policies which included consent, confidentiality, health and safety, chaperone, equal opportunities and safeguarding. All policies and procedures were available in an electronic file which all members of staff had access to.
- A comprehensive understanding of the performance of the practice was maintained through continual audit and meetings.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The lead doctor and manager had the experience, capacity and capability to run the business and ensure high quality care. The doctors prioritised safe, high quality and compassionate care and was visible in the clinic. Staff told us that the lead doctor was approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the provider held team meetings and had away days.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the doctors. All staff were involved in discussions about how to run and develop the service, and the lead doctor encouraged all members of staff to identify opportunities to improve the services delivered by the provider.
- Staff were encouraged to participate in training and develop their skills. For example, the nurse had been supported through occupational health training.
- The management team had several team morale boosting initiatives including 'scratch cards' that were given to staff who had performed well. Staff could win anything from vouchers to a day off and reflected very positively on these initiatives.

Learning and improvement

The lead doctor had a strong vision for the future development of the service and their values were clearly embedded within the whole team. The provider completed an annual business plan to continually review the future development of the service. There was a strong focus on continuous learning and improvement at all levels within the service. The lead doctor encouraged staff to participate in training and encouraged staff to develop their skills. The lead doctor ensured all members of staff were provided with regular training which included all mandatory and refresher training. The provider was keen to develop opportunities within the service. For example, there were many people in head of department roles that had started with the service as an apprentice. The provider told us they looked internally to promote before advertising externally.

The lead doctor was a member of various councils and societies which included the Faculty of Occupational Medicine and the Society of Occupational Medicine.

The provider was open to feedback and offered patients the opportunity to reflect on their experiences. The provider encouraged learning from complaints and significant events. The provider also had a comprehensive clinical and non-clinical audit programme to monitor their effectiveness and safety.

Are services well-led?

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

Provider seeks and acts on feedback from its patients, the public and staff

The provider encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The provider had gathered feedback from patients through comment cards and complaints received. We saw patient feedback cards were used to encourage patients to give feedback about the service they had received including their views on the professionalism of the service, cleanliness, privacy and dignity, the quality and speed of the service, overall rating of the service and an opportunity to give any other feedback. Patients were encouraged to give the practice a rating on each of these areas. The provider collated this information and made changes to the delivery of the service as a result. For example, they had stopped using medical terminology with patients after a comment suggested that this was unclear and confusing.

The provider had also gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. We observed a notice in waiting room to promote and welcome feedback.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:** • Clinicians did not have DBS checks completed and there was no formal, documented risk assessment in place for this. • There were out of date items including syringes and needles in clinic rooms at one site and there was no system in place to monitor this.