

Viavi Limited

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Requires Improvement 

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 February 2019 – unrated).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Viavi Limited as part of our inspection programme.

The service was previously inspected in February 2019. Whilst we did not find any breaches of the regulations at that inspection, we told the provider they should review and improve in certain areas, including staff recruitment, infection control, safeguarding, governance, staff training, storage of patient records and prescribing. At this inspection in November 2022 we found some improvements had been made, however some issues remained unresolved.

Viavi Limited provides a private, comprehensive health management service, comprising of a comprehensive health screening package whereby a range of tests are undertaken to provide patients with a personalised health which is then used as the basis for health and lifestyle intervention advice. They also provide a health advocacy service and a medical concierge service.

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 general 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 Viavi Limited the services provided which fall into the scope of CQC's regulation are limited to the carrying-out of venepuncture and physical examinations, the analysis of test results and the prescribing of medicines. The lifestyle intervention advice provided on the basis of test results, health advocacy

service and medical concierge service do not fall within the scope of CQC's regulation; therefore, we did not inspect or report on these services.

Patients we spoke with were positive about their experience of using the service and rated it highly. They told the provider offered a high standard of care which was tailored to their needs. There was some dissatisfaction with the length of wait for some test results but overall the feedback we received about the service was complimentary.

Our key findings were:

- The service was providing generally safe care. However we found concerns around infection control and risk assessment and management.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. We saw evidence of quality improvement activity.
- The service was providing caring services.

Overall summary

- Staff treated patients with compassion, kindness, dignity and respect.
- The service was providing responsive care in accordance with the relevant regulations. People were supported to access the service when they wanted to.
- The service was generally well-led. Leaders had the capacity and skills to deliver high-quality, sustainable care. However we found some systems and processes, specifically around risk assessment and management, were not organised or comprehensive.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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

- Obtain in writing, as part of a risk assessment around emergency medicines, agreement with a nearby medical service to receive support in the event of a medical emergency.
- Implement planned improvements to the clinical records system to support accessibility and better functionality.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector, with access to a specialist adviser.

Background to Viavi Limited

Viavi Limited is based at 9 Devonshire Place, London, W1G6HP. Information about their services is available on their website: www.viavi.com.

Viavi Limited provides a private health management service, comprising of a comprehensive health screening package whereby a range of tests are undertaken to provide patients (referred to as clients) with a personalised health plan which is then used as the basis for health and lifestyle intervention advice. They also provide a health advocacy service and a medical concierge service.

The service is run by a qualified doctor supported by two health managers, who qualified physiologists and two administrative staff.

Individuals wishing to enrol in the service's health and lifestyle intervention service initially speak with a member of Viavi's team on the phone in order for both the patient and the service to decide whether the programme is suitable. Following this, the patient undertakes a consultation with the service's doctor (either by phone or in person at their offices in Devonshire Place) in order for a full medical history and current lifestyle information to be gathered. Patients then have samples taken, which are sent to various laboratories for testing (patients typically attend an off-site clinic for samples to be taken; however, the service has the facilities and staff available to take blood samples if necessary). Once the results of these tests are received, patients attend Viavi's centre for a day of consultations with Viavi's staff (including a GP a health manager), where a personalised action plan is developed for the patient. If the results of a patient's tests indicate that they require input from a specialist, external consultants will either attend Viavi's centre to meet with the patient, or a member of Viavi's staff will accompany the patient to an off-site consultation.

All consultations with the service are by appointment only, arranged at a time to suit the patient.

Our inspection team was led by a CQC lead inspector, with access to a GP specialist adviser.

How we inspected this service

Prior to the inspection, the service provided us with the required pre-inspection information. During the inspection we spoke with staff working for the service, reviewed documents including patient records, and observed the premises.

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

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

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

Are services safe?

We rated safe as Requires improvement because:

Whilst we found the service was providing generally safe care, we did find some concerns around safeguarding training, emergency medicines, infection control and risk assessment and management.

Safety systems and processes

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

- The service had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The provider conducted some safety risk assessments. We saw fire risk assessments carried out in September 2022 by the landlord of the building covering the communal areas and another carried out in March 2022 covering the areas of the building used by the provider. There was one action from the provider's action plan (displaying additional fire exit signs) which the provider had completed. A number of actions had been identified by the landlord's fire risk assessment, which the landlord was responsible for completing. It was unclear whether or not there was an action plan in place to address these. We have told the provider they must follow up on these outstanding actions with the landlord and assure themselves the identified risks are being appropriately managed.
- The provider carried out some environmental risk assessments. A health and safety risk assessment had been carried out for the use of the kitchenette area. However we did not see evidence of a comprehensive health and safety risk assessment. After the inspection we received a health and safety risk assessment carried out subsequently. Six actions were identified. Four of those had already been completed with the remaining two underway. Electrical safety testing was carried out, most recently on 23 August 2022.
- 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. At the inspection in February 2019 we told the provider they should review and assess arrangements for safeguarding children including the provision of child protection training. At this inspection in November 2022 the provider told us they had reviewed their service and concluded there was minimal risk due to the nature of their service, the fact that they only dealt with adult patients, that the health assessments they carried out were for adults only and did not include or necessitate the consideration of the needs of any associated children and that they did not come into contact with children in the course of their business. As such they had deemed the appropriate level of safeguarding training for its staff to be level 2, which all staff had completed. All staff had undergone adult safeguarding training within the previous year.
- 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 for all staff in accordance with the provider's recruitment policy. (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).
- At the previous inspection in February 2019 we found processes in place to manage infection control were not comprehensive. At that inspection we found safety risk assessments in respect of infection prevention and control were not sufficiently comprehensive in order to identify all potential risks. We saw evidence that immediately following that inspection in 2019 the service carried out a comprehensive IPC audit. At this inspection in November 2022 we found limited improvement in this area. We again saw infection control audits carried out monthly were basic in nature, carried out by staff and covered general environmental cleaning and storage of supplies. We did not see evidence of comprehensive risk assessments carried out as part of an infection prevention and control audit programme.

Are services safe?

- Following the inspection the provider organised a comprehensive infection control audit which was carried out in October 2022 by an independent company. Areas requiring action included supervision of cleaning contractors, COSHH (Control of Substances Hazardous to Health), reusable equipment decontamination and decontamination of the environment. We have told the provider they must devise and complete an action plan to address the areas of concerns identified by the infection control audit.
- At the inspection in February 2019 we found the provider had not undertaken an assessment of the risk of Legionella (a bacteria which can cause a serious type of pneumonia). They arranged for this to be carried out following that inspection. At this inspection in November 2022, we saw monthly water temperature checks were being carried out, however a comprehensive legionella risk assessment had not been carried out since the previous one. We have told the provider they must address these concerns around infection control.
- The provider ensured that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for each member staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. All staff had undergone basic life support training within the previous year.
- The provider did not hold any medicines on site, including those to deal with a medical emergency or oxygen. However the provider had carried out a risk assessment, explaining their reasoning behind this decision and describing the steps to be followed in the event of a medical emergency. They told us they were not a medical service and did not see sick patients. Therefore, the risk of requiring emergency medicines or oxygen was low. Additionally there were a number of medical services in the immediate vicinity they could call for assistance. They did have a defibrillator which was in working condition, with pads and was regularly checked. We have told the provider they should seek an agreement with a nearby medical service from which they can receive support in the event of a medical emergency and include these details in their risk assessment.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. At the previous inspection in 2019 we found the provider's record system showed the information needed to deliver safe care and treatment. However accessibility was hindered by the fact that the records were not searchable (i.e. they could not search for patients taking a particular type of medication). The provider told us at that time they were in the process developing a new, bespoke records system which would include a search function. At this inspection in October 2022 we found the provider was still in the process of developing the new records system. We were told this system would allow for less manual input and easier sharing of results with patients through a digital application which would make patients' records accessible at anytime, anywhere in the world. As noted at the previous inspection, the number of patients seen by the service and the in-depth nature of knowledge and level of oversight the service had over each of its patients meant the level of risk was low.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example information about test results and consultations with consultants was shared with patients' GPs where requested.
- At the previous inspection in February 2019 we found the service did not have arrangements in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading. At this inspection in November 2022 we found the provider stored records on a cloud-based system which was backed-up several times a day. These records were held for up to eight years, in line with DHSC guidance.
- Where tests revealed the client required treatment, we found clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and equipment minimised risks. The service did not hold any medicines on site. The service kept prescription stationery securely and monitored its use. Prescriptions were printed on demand; therefore they did not store any blank prescription forms.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. At the inspection in February 2019 we told the provider they should review their prescribing policy, in particular in respect of the arrangements in place for prescribing medicines in circumstances where the patient refused consent to share information with their registered GP. At this inspection in November 2022 we saw the provider had reviewed their prescribing policy and made it clear what steps would be taken to ensure safe prescribing where patients decline for information to be shared with their GP. Patients were routinely asked for their GP's details but could decline if they chose. In those circumstances the provider would consider if it was safe for them to continue to prescribe. In most cases the patient was under the care of a consultant who was responsible for ongoing monitoring of that patient.
- The provider did occasionally prescribe medicines which required patients to undergo regular testing. In those cases, patients were sent regular reminders to attend for blood tests to be carried out. Where patients did not respond to invitations for tests, they were given prescriptions for a shorter length of time to allow for closer monitoring. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were some risk assessments carried out, for example health and safety, fire and infection control. However these were not representative of a comprehensive system of regular risk assessment in relation to safety issues. For example, the health and safety and infection control risk assessments had been carried out following the previous inspection in February 2019 and not repeated until following the inspection visit in October 2022.
- 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.

Are services safe?

- There was a system for recording and acting on significant events. Although there had not been any significant events at the service, staff understood their duty to raise concerns and report incidents and near misses. They told us they were confident leaders and managers would support them should the situation arise.
- The provider gave us an example of where they had raised a possible risk with the laboratory they used for sample testing. As a result the laboratory updated their processes and offered a service where information about blood tests requested could be recorded digitally, rather than handwritten on the vial. This reduced the scope for error.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Staff told us the services had a transparent culture where staff were encouraged to raise any concerns. Staff knew who to report any concerns to.
- The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. They received alerts from sources such as the Independent Doctors Federation (IDF), The Central Alerting System (CAS) and the Medicines and Healthcare products Regulatory Agency (MHRA). They had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed 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 American College of Sports Medicine, the British Association of Sports and Exercise Scientists and the Register of Exercise Professionals (REPS). They also followed National Institute for Health and Care Excellence (NICE) best practice guidelines in relation to musculoskeletal (MSK) issues, hypertension and pain management.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. Continuous reviews took place for all patients which included a review of the health strategy put in place for that patient and assessment of how the strategy was working for that patient. If it was not working, alternative approaches were considered.
- Progress in their health strategy was discussed with patients at regular reviews, including any test results. Patients were involved in discussions around actions and recommendations with clinicians present to answer any queries. The provider sought to ensure actions agreed were achievable and supported the patient to take control of their own health.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The lead clinician assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. They continually reviewed the service they offered, benchmarking against the latest guidelines and against other providers operating in the same space.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. Clinical audits were carried out every month. The provider reviewed each patient to confirm test results had been received and recorded and any actions had been carried out. Patients were monitored using a traffic light warning system (red, amber, green (RAG) which tracked patients to ensure all actions were carried out in a timely manner.
- The system was also used to give an overall view of how patients were doing. They reviewed test results in order to track how patients were trending over the year and compared results and outcomes to previous year to identify any changes early. They reviewed client's overall fitness, cholesterol, blood pressure levels etc as well as the results of any tests to devise a health strategy for that patient to make improvements. The effectiveness of the strategy was constantly monitored and where any results indicated possible declining health, patients were contacted to discuss and offer guidance and support.
- Each patient was reviewed on an annual basis, looking at their entire journey over that year, what interventions had taken place and assessing how effective the service had been at identifying signs of possible future illness and helping that patient to improve and/or maintain their health and wellbeing.

Effective staffing

Are services effective?

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

- All staff were appropriately qualified. The health managers either had a physiology degree or were physiotherapists who trained internally. The provider had an induction programme for all newly appointed staff.
- The lead doctor was registered with the General Medical Council (GMC) and was up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. At the previous inspection in February 2019 we found the service did not have a policy stipulating which training was required and how frequently training should be undertaken. At this inspection in November 2020 we found the provider now had a training schedule in place and used an external provider to arrange and manage staff training. 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

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. For example with patient's GPs or other clinicians patients were referred to.
- As part of the assessment process, the doctor and health managers ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider did not routinely offer any treatments themselves. Having carried out a full health assessment which gave the full picture of that patients' health, patients were introduced to appropriate clinician/healthcare professional to deal with any identified concern(s). The provider then coordinated the various professionals involved with that patient to ensure they remained on track to improvement, in accordance with their health plan.
- 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.

- Where appropriate, staff gave people advice so they could self-care. Patients underwent regular coaching sessions with health managers where they could discuss any recommendations for treatment that had been made and ask any questions.
- The service supported patients to make healthy nutritional choices, for example by reviewing where and what patients liked to eat and advising what to look out for on food labels and how they can make the best menu choices for their specific health goals.
- Where patients needs could not be met by the service, staff redirected them to an appropriate service. For example, if a patient had a long term condition, e.g. diabetes, they were not monitored and managed by the service but were referred to a specialist. The service would support that patient in identifying which lifestyle aspects may impact on their condition and advise on how they can best control that.

Are services effective?

Consent to care and treatment

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

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

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service did not seek feedback from patients in the form of a survey or questionnaire. They told us this was not suitable for or desired by their patients. However they told us their patients spoke to them directly about any concerns or compliments they wished to communicate.
- Feedback from patients was positive about the way staff treat people. Patients we spoke with told us they were very satisfied with the service they received. They found the service to be helpful, responsive and of a high standard. There was some concern raised around long waiting times for test results to be received but this suited other patients.
- 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. Any reports could be translated on request and the provider was in the process of translating their health questionnaires into other languages.
- Patients we spoke with 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.
- The service had made reasonable adjustments to support any patients with physical disabilities, for example through apparatus or adjusting the format of documents to meet patients' needs. They would also liaise with external services being used by that patient to ensure they could accommodate patients' needs.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The service had a number of high profile patients. As such, staff were highly conscious of privacy and confidentiality and ensured the service was set up in such a way as to protect patients' privacy and dignity and accommodate their individual circumstances and needs. Patients could also be seen at home where appropriate.

Appointments were arranged so that patients were not in the building at the same time to ensure and support their privacy.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The service provided a comprehensive, personalised health screening package, mainly for patients with particular occupations of lifestyles and who were concerned about improving and/or preserving good health and preventing illness.
- The provider told us they tailored the service they offered to meet patients' individual and specific requirements. This resonated with what patients we spoke with told us. For example patients' health checks tended to last a full day and only one patient was seen per day. The day was structured around what the patient needed, for example which services and/or tests they chose to undergo and which consultant or practitioner they preferred to see. Patients' holistic needs were considered, including nutritional needs and the service could communicate with family members and caterers on patient's behalf to advise on the best dietary options for the patient. There was no time limit on their consultation.
- Patients were supported to make choices around which consultant they saw. Consultants could be local or based abroad if the patient was travelling. The provider ensured patients were matched with the most suitable consultant to meet their needs and who they thought would work best with that patient. The provider took various matters into account when deciding which health manager would suit each patient, for example personality, style and manner. Patients were able to choose someone different according to their preference or the provider could recommend a change where appropriate.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- The service was planned around the needs of their patients. The provider worked with external services to ensure patients had timely access to initial assessment, test results, diagnosis and treatment. For example, where cancer was considered, patients could be referred to an oncologist with a biopsy carried out the same day and a follow up appointment within three days.
- Some patient feedback we received was that the wait for test results could sometimes be more lengthy than anticipated. We raised this with the provider who told some pathology results could take longer to return as the laboratory they used was based abroad. However, they ensured test results were communicated to patients as soon as they were received.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service had not received any formal complaints.

- Information about how to make a complaint or raise concerns was available. This included information about any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

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 the service. They understood the challenges and were addressing them. The provider was well-renowned in their field with many years of experience gained internationally. They had worked with large private health care providers in a similar role before starting this business.
- 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.
- The service developed its vision, values and strategy jointly with staff. The provider and staff understood the direction of the business and were involved in discussions about future planning for service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They were aware of the service's priorities and how their role contributed to its success.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. The provider prioritised staff safety and wellbeing. Staff 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.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. This was used as an opportunity for staff to express their career goals and discuss how the provider could assist them to achieve the same.
- Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.

Are services well-led?

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
- Leaders had established proper policies to ensure safety. However they did not always ensure these were operating as intended. For example around infection control and risk management.
- At the inspection in February 2019 we found key policies and procedures were not easily accessible to staff. At this inspection in November 2022 we found all policies were now stored in a central location and staff were provided with an electronic copy of the staff handbook for reference.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always effective.

- Processes for identifying, understanding, monitoring and addressing risks were not always effective. For example, we found a number of actions identified by the most recent fire risk assessment carried out by the landlord had not been completed. It was unclear if there was an action plan in place for these actions to be completed. Also, we did not see evidence of a comprehensive health and safety risk assessment or risk assessments carried out as part of an infection prevention and control audit programme carried out at the service. We have told the provider they must address this.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had 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.

Engagement with patients, the public, staff and external partners

Are services well-led?

The service involved patients and staff to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture. Patient feedback was discussed and reflected upon at daily team meetings and consideration was given as to how best respond.
- Staff told us they were encouraged to give feedback and share their views on the service at daily meetings and at regular appraisals. For example they discussed new treatments and therapies available and how these might be opportunities for the service to expand.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider constantly investigated and reviewed the latest research in their field and considered how these may add value to the service. They attended many conferences and followed research from around the world related to their field. For example they were following research around testing brain health and measuring biological age and were in consultation with international leaders in the field on how they might introduce this service.
- The provider told us they continually reviewed their service and considered if and how effective they were at improving patients' health and helping them to feel better and happier without feeling restricted.
- The provider was well known in the field of health screening and management. They had featured in famous publications and had received a number of awards and accolades as a leader in their field.
- 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. For example, the service had received UK government grants to collect and analyse data and report on how health screening enhances healthcare. The provider had to make the case for receiving this funding every year. Examples included providing data around screening for DNA changes in stools which could be an early cancer indicator.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to:</p> <ul style="list-style-type: none">• Ensure safety risk assessments around fire, health and safety and infection control were carried out, responded to and managed effectively.