

Wrightway Health Limited

Wrightway Health Limited

Inspection report

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

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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 March 2018- rated as meeting the requirements for all domains).

We inspected Wrightway Health Limited in October 2017 and found the provider was not providing safe services. We found there were breaches of regulation 17 (good governance). At our last inspection in March 2018, we followed up on this breach of regulation and found the provider had met the requirements and the issues had been resolved.

We carried out an announced comprehensive inspection at Wrightway Health Limited on 15 May 2019. This inspection was to rate the service.

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

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, occupational health schemes (that do not involve treatment requiring admission to hospital) organised through an employer, where these are for the benefit of the employee only are exempt from regulation. Wrightway Health Ltd offers other specialist services and treatments such as first aid coaching and fit mask testing (mask fitting for people with jobs which may cause respiratory complications) which are also exempt from regulation.

Wrightway Health Limited is registered with the Care Quality Commission to provide services at Wrightway Health Ltd, West Site, Norwich Research Park, Norwich, NR4 7UA. These services include health assessments and travel vaccinations. 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, Kings Lynn, Bury St Edmunds and Ipswich. The main property in Norwich consists of a patient waiting room, reception area, administration office and consulting rooms which are located on the ground floor of the property. There is on site car parking at all sites.

The provider 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 service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

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 asked for CQC comment cards to be completed by clients prior to our inspection

visit. We received 36 comment cards, 34 of which were wholly positive about the service. The cards reflected the kind and caring nature of staff, how informative staff were, the pleasant environment and the positive manner of the clinicians. Other forms of feedback, including patient surveys and internet feedback was consistently positive.

Our key findings were:

- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- There was an effective system in place for reporting and recording significant events, particularly information governance events.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were assessed and monitored.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies easily and staff had signed each one.
- To ensure and monitor the quality of the service and their record keeping, the service undertook regular audits of patient records.
- 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.
- All patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.

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

- Improve the documentation of fridge temperatures to support the safe storage of vaccines.
- Embed the system for the receiving and action of patient safety alerts.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Wrightway Health Limited

Detailed findings

Background to this inspection

- The provider of this service is Wrightway Health Limited.
- Wrightway Health Limited is based at West Site, Norwich Research Park, Norwich, NR4 7UA. The clinic is based close to the city centre on a research park in Norwich. The provider also uses clinic rooms in Great Yarmouth, Cambridge, Bury St Edmunds and Ipswich.
- The website address is: www.wrightwayhealth.co.uk
- Wrightway Health Ltd is an independent provider of occupational health services (including travel vaccinations) and also offers a range of specialist services and treatments that are not within the scope of CQC to inspect, such as first aid coaching and fit mask testing (mask fitting for people with jobs which may cause respiratory complications) to people on a pre-bookable appointment basis.
- The provider employs seven doctors; one doctor is also the Director of the company and is responsible for the overall management of the clinics. In addition, there are two nurses and 12 occupational health technicians. The clinical team are supported by a team of administration and management staff. The provider had recently employed an operations manager, a training and development manager and an information security manager to further enhance the team.

- Hours of opening are: 8am until 5pm Monday to Friday.
- Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our visit we:

- Spoke with a range of staff from the service including the registered manager, the members of the executive board, a technician and reception staff.
- Reviewed a sample of treatment records.
- Reviewed comment cards where clients had shared their views and experiences of the service.
- Looked at information the service used to deliver care and treatment plans.

To get to the heart of clients' 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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff, including health and safety policies. Staff had signed to say they had read and understood policies as part of their induction training. They outlined clearly who to go to for further guidance and were specific to the service. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to work with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect where required.
- 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. 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. There were sharps bins and protective equipment available. There were daily schedules in place for cleaning and environment management and we saw evidence of diarised 'clinical cleans' staff completed.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. Electrical and calibration testing had been completed and staff completed daily calibration of items taken off site where required. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. These risk assessments included fire.
- There was a system in place to monitor fridge temperatures, however we saw there were some temperatures outside of range by one degree. The service acknowledged this was likely due to stock checks; however this had not been documented. The provider took immediate action on the day of the inspection and purchased data loggers to improve the documentation of fridge temperatures.

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 staff tailored to their role.
- As part of the induction, all patient notes made by the clinician were checked for six months after appointment. There were also regular checks of their work to ensure their performance was appropriate and adequate.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The clinics had the appropriate emergency medicine and equipment on site. Medicines we checked were in date.
- 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.

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. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- There was a system in place to ensure clinicians only saw patients within their scope of practice. The booking

Are services safe?

system had an in-built competency checklist. If the service tried to book a patient in with a clinician who did not have a competency signed off, the system would not allow the booking.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the clinic recorded the patient's own GP details and requested consent for information sharing purposes when required. The service could give examples of when they had referred to the GP appropriately.
- 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.
- 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 practice did not hold a stock of prescription forms. If patients required medicines other than those dispensed within the scope of the service, 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 within the service care plan and in line with legislation. We saw evidence of this during our inspection, and these were documented in patient's notes.

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 for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service. For example, the service had given vaccines in the incorrect order. This was due to the patient having two appointments booked and the wrong appointment being opened. The patient was immediately reviewed and advised there were no adverse effects. The service implemented a prompt in the clinical system so if other appointments were pending the clinician was reminded to double check the vaccines being given.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. We saw evidence of 53 events raised in the past year relating to information governance. The service routinely recorded events that were external. For example, the service recorded when other services sent them information about the incorrect patient. This evidence showed the service had made external partners aware of the error to encourage improvements. The service had not had any significant information governance breaches internally and regularly liaised with the information commissioner's office.
- The service gave affected people reasonable support, truthful information and a verbal and written apology where there were unexpected or unintended safety incidents.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on events from Public Health England, including vaccination alerts and recalls. There were systems in place to respond to manufacturers recalls

Are services safe?

and they had received and acted on some medicines alerts. We noted they had not enrolled for all of the

available alerts due to not all alerts being relevant to the service, however on the day of inspection they signed up to receive them. This would ensure all clinicians were aware of the alerts to keep patients safe.

Are services effective?

(for example, treatment is effective)

Our findings

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 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. Staff attended updates for occupational health and were knowledgeable about the field.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The clinic referred patients back to their GP when required.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service recognised the need to provide clinicians with initial and ongoing training to ensure they met requirements. There was an effective induction process in place to support clinicians and regular reviews of their consultations and assessments to ensure they were meeting the correct standard.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, there were several audit processes in place to support clinician's decisions and administration processes.
- The service completed process audits which included a clinical and administrative review of assessments, to ensure the appropriate process was followed. This enabled the service to assess whether the correct clinical decision was made. It also ensured the reports were grammatically correct, understandable and had all the correct sections filled out. Feedback was given on a one to one basis to clinicians following this audit.

- The service also had an occupational health physician complete observations of assessments and consultations. The physician then gave feedback to both the clinician and management on areas of good practice and areas for improvement.
- Some assessments were audited by other external occupational health services to monitor the quality of the report. Feedback was given to clinicians and shared among the team.

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. This was flexible to the needs of the staff member. For example, clinical staff had three weeks shadowing, then completed assessments with observation from a senior doctor followed by access to the senior doctor for advice when required. Staff recently employed who we spoke with reported the induction process was very supportive. Any part of the induction process could be extended or shortened, based on performance. All administration and technician staff sat in on clinical assessments as part of their training to fully understand the patient journey.
- Relevant professionals were registered with the General Medical Council 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. For example, the service had employed four apprentices and progressed them within the company. One was now in a management role.
- There was an appraisal system in place, which included employees giving their feedback to the management team using a rating system, this enabled them to improve their processes.

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, the service referred to GPs where required.

Are services effective?

(for example, treatment is effective)

- 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. This was evident on the new patient form and during the first consultation with a clinician.
- All patients were asked for consent to share details of their consultation when required.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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.

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. For example, the service had a monthly focus poster available in the waiting room and also distributed these to clients. At the time of our inspection, the poster for the month concentrated on mental health.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- 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 gained patient consent appropriately for sharing their information, for example to their registered GP.
- Staff supported patients to make decisions.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Several of the comment cards we received were positive about the kindness and helpfulness of staff.
- 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.
- The service asked patients to complete feedback cards and reflected on these in weekly meetings. We reviewed these cards and found 12 had been received this year. 10 of these cards were positive about the service overall and two had negative comments relating to appointments running late.
- We received 36 CQC comment cards, 34 were wholly positive about the service. Comments included staff were welcoming, friendly and polite.

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. Longer appointments were booked for these patients to ensure the clinician and patient had enough time to fully assess and ask the relevant questions.
- Patients told us through comment cards, 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.
- Staff communicated with people in a way 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.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. For example, the service had systems in place to book translators when required.
- The facilities and premises were appropriate for the services delivered. The service also offered 'off-site' services which included attending clients' work bases to complete assessments.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.

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 signposting towards investigation and treatment services.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use via comment cards and on reviews of the service. We received several comment cards which reported positively on how easy it was to access the service.

- The service was able to evidence the ability to respond to patient and client need. For example, the service had completed drug and alcohol testing for 50 patients after a client requested it.
- Referrals and transfers to other services were undertaken in a timely way. For example, we saw evidence of when the service had immediately referred patients back to their GP due to health concerns.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had received 23 complaints in the past year, which included verbal and written complaints.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, the service had re-trained and monitored a technician in phlebotomy following a complaint.

Are services well-led?

Good 

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

Our findings

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. The service had recently expanded, taking on further contracts and a new base in Norfolk, as well as a planned service for Essex. 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. Staff commented positively on the leadership within the clinic and felt their concerns would be acted on. Staff reported staff were approachable and felt empowered to complete their job, as well as progress.
- 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.

- The service strategy was to “Deliver what you need, when you need it, employ the best professionals, work closely with HR and line management and, above all, deliver a first class, value for money service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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. They were proud to work for the service.
- The service focused on the needs of patients and clients who wished to access their services.

- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity and all staff were trained in this area.
- The service had an ‘events pot’. This was created to recognise good practice and the management team added funds to this in order to pay for social events. There was an information sheet in the staff area which informed staff of what had been added and why. Staff commented positively on this.

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 set out, understood and effective. The service held weekly meetings to discuss a range of topics relating to clinical care, updates and significant events.
- The provider had established policies, procedures and activities. They were specific to the service and available for all staff.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

Good 

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

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through review of their consultations.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There was evidence of regular meetings. This included team meetings where educational topics and processes were discussed and improved upon.
- The clinic used performance information to monitor and manage staff.
- The clinic had some information technology systems. This included a booking and management system that the provider had full control over.

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.

- Patients, staff and external partners' views and concerns were heard and acted on. For example, there was a

feedback box in reception for patients to leave comments. The clinical lead also attended external conferences and brought lessons from these back to the service for implementation. The provider engaged with local community members.

- There was a staff charter in place, which included that everyone was key to the business. Commitments staff had signed up to included: support, safety for everyone, appreciation and inspiration.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement within the service. For example, apprentice staff had been offered the opportunity to further their development. Staff we spoke with were positive about the training offered by the clinic.
- We spoke with the manager about plans for future development. The service had plans for expansion within the East Anglia area and had taken on a new site since the previous inspection, and planned to take on another later in 2019.