

Nuffield Health Liverpool Fitness and Wellbeing Centre

Inspection report

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Liverpool
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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?

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 7 November 2017 – no rating given)

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

We carried out an announced comprehensive inspection at Nuffield Health Liverpool Fitness and Wellbeing Centre on 6 June 2023 as part of our inspection programme. The inspection was carried out to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The service was inspected in 2017 but not rated. This was the first rated inspection of the service.

The service provides a range of screening and health assessments relating to the promotion of physical and mental wellbeing of people. Patients are provided with a comprehensive report of the findings of the assessment and referrals are made to other services or support services if required. This service is available to both corporate and fee paying private patients aged 18 years or over.

Nuffield Health – Liverpool Fitness and Wellbeing Centre is registered with the CQC to provide the following regulated activities: Diagnostic and screening procedures and treatment of disease, disorder or injury.

This service is registered with CQC under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of some, but not all, of the services it provides. For example, physiotherapy, lifestyle coaching and gym facilities do not fall within the regulated activities for which the location is registered. Therefore, we did not inspect or report on these services.

The service had a 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.

We did not speak to any patients during the inspection but we reviewed feedback received by the provider from patients following their consultations. Feedback was positive and where feedback suggested improvements, changes were made.

Our key findings were:

- There was an holistic approach to assessing, planning and delivering care and treatment. This included the use of innovative approaches to care.
- Staff supported people to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and prevention of ill-health.
- The provider had systems and processes for monitoring and managing risks and safety.

Overall summary

- Best practice guidance was followed when referring or signposting patients for further care or support.
- Patients were offered appointments at a time convenient to them and treatment was offered in a timely manner.
- Patients received clear information about the assessments provided which enabled them to make an informed decision.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management and worked well together as a team.
- There was a clear strategy and vision for the service.
- The leadership and governance arrangements promoted good quality care.

We saw some elements of outstanding practice in the Effective domain:-

- The provider had implemented a number of national charitable flagship programmes to widen access for patients and ease the burden on the NHS. This included offering 12 week programmes such as the COVID-19 rehabilitation programme to support patients physically and emotionally and the joint pain programme to support patients to self manage chronic pain.
- The provider was working with NHS partners on a research project to evaluate the effectiveness of long term supported exercise intervention for men with advanced prostate cancer who had undergone treatment.
- The provider was also working with people in the local community to provide services to improve health outcomes for people.

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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. The team included a second inspector and a specialist advisor.

Background to Nuffield Health Liverpool Fitness and Wellbeing Centre

The registered provider is Nuffield Health which is a large corporate provider which operates a number of hospitals, fitness and wellbeing clubs and workplace wellbeing services across the country.

Nuffield Health Liverpool Fitness and Wellbeing Centre has three GPs and two physiologists. There is a manager who provides day-to-day management of the service. There is also a general manager who is the registered manager with CQC. The general manager has responsibility for a further service operated by the provider. The team are supported by the registered provider who controls the governance and standards within its locations by providing policies, procedures and monitoring compliance with standards.

Nuffield Health – Liverpool Fitness and Wellbeing Centre is located at 1 Riverside Drive, Liverpool, Merseyside, L3 4EN. The service provides the regulated activities of diagnostic and screening and treatment of disease, disorder or injury.

The service provides health assessments to patients aged 18 years and over and does not prescribe medication or treat patients. Referrals are made for patients whose test results warrant further investigation or treatment. Activities outside the CQC scope of regulation include physiotherapy, lifestyle coaching, exercise classes and gym facilities. We did not inspect or report on these services.

The clinic opening times are: Wednesday to Friday 8am to 4.30pm. The service is run from premises which include a suite of consultation and treatment rooms, a small waiting room and bathroom facilities on the ground floor.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This was with consent from the provider and in line with all data protection and information governance requirements. This included: -

- Requesting evidence including documents relating to the management of the service from the provider prior to the inspection
- Reviewing patient feedback received by the provider
- A site visit

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 Good because:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

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. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse and worked with other agencies to support patients and protect them from neglect and abuse. Staff we spoke to knew of the action to take to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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. There were safeguarding lead members of staff. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service displayed information from the Merseyside Domestic Violence Service and training for all staff on recognition and signposting was planned.
- Patient assessments triggered a process for contact by a clinician if concerns about domestic abuse or suicidal ideation were identified. The clinician contacted the patient within one working day to gather further information and signpost into other services for support.
- There was an effective system to manage infection prevention and control. A legionella risk assessment was in place.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- 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 handled emergency medicines appropriately.

- The service did not prescribe medicines. The only medications on site were emergency medicines which were stored appropriately and checked regularly.

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 took action to improve safety in the service. Any incidents were reported on a central database system and learning was shared with the provider's other locations for learning. For example, one incident identified that the type of swab to be used for a specific procedure was not clear. This was addressed by placing information next to the swabs for reference. Following abnormal test results being received at the weekend (outside normal working hours) a weekend duty doctor had been put in place to manage any urgent abnormal results.
- 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.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. For example, an alert about an emergency medicine had been responded to by replacing this with a more suitable alternative. Team meeting minutes showed that this information had been shared.

Are services effective?

We rated effective as Good because:

The provider worked with other health providers and participated in research to improve the health and wellbeing of people referred into health initiatives. These were national initiatives delivered locally at Liverpool. We saw some elements of outstanding practice in the effective domain:

- The provider had implemented a number of national charitable flagship programmes to widen access for patients and ease the burden on the NHS. This included offering 12 week programmes such as the COVID-19 rehabilitation programme to support patients physically and emotionally and the joint pain programme to support patients to self manage chronic pain.
- The provider was working with NHS partners on a research project to evaluate the effectiveness of long term supported exercise intervention for men with advanced prostate cancer who had undergone treatment.
- The provider was also working with people in the local community to provide services to improve health outcomes for people.

Effective needs assessment, care and treatment

Innovative approaches to care were provided.

- The provider had introduced flagship programmes which had been developed to target health inequalities and those living with lower economic resources. This work was undertaken in response to identified needs, following research by the provider as to which type of services would be beneficial to patients. These services were provided free of charge.
- The provider offered a 12 week COVID-19 rehabilitation programme to support people to recover from the physical and emotional long-term symptoms of COVID. This was a charitable programme developed with NHS partners. The provider had made contact with local Liverpool GP practices who could refer patients and patients could also self refer to the programme. Between 2021-2023 a total of 8 cohorts of patients had undertaken the programme (generally 8 patients on each). The provider had completed an analysis of the COVID-19 Rehabilitation Programmes run across the country and in Liverpool in 2022. In Liverpool 27 patients completed the programme in this period. An analysis of their involvement on the programme showed 28% of patients reported an improved quality of life, 27% reported an improvement in functional capacity, 79% reported an improvement in mental wellbeing, 23% reported an improvement in breathlessness and 31% reported an improvement in fitness strength. Individual patient feedback about the programme was very positive.
- GP and self-referral could be made on to the joint pain programme. This was a 6 month programme to support patients to manage chronic pain using a combination of education, physical activity and psychological support. This had been running since 2019 with a cohort of 8-12 patients on each programme. In 2022, seven cohorts were run. In 2023 there were currently 3 cohorts running with a fourth about to commence. The programme consisted of a workshop and an exercise session with a rehabilitation specialist and free health checks before and on completion of the programme. On completion of the programme participants continued to have 12 week free gym access and discounted membership thereafter. Individual patient feedback about the programme was very positive. In Liverpool the latest analysis of the groups run in the last 6 months (11 participants) showed 71% of patients reported an improved quality of life, 45% reported an improvement in functional capacity and 62% reported an improvement to musculoskeletal health. Patients reported a 94% to 100% satisfaction rate with the programme over a six month period (October 2022 to March 2023).
- Nuffield Health Liverpool is one of 18 Nuffield Health services participating in the STAMINA project. This was a 5 year research project funded by the National Institute for Health research (NIHR). The programme was designed evaluate

Are services effective?

the effectiveness of exercise for men with advanced prostate cancer who had undergone medical castration with androgen deprivation therapy (ADT). Nuffield Health Liverpool has so far had 16 patient referrals from two partner NHS Trusts. Staff had been trained to deliver supervised exercise and lifestyle intervention. This included training in providing participants with heart monitors to contribute towards the evaluation.

- Clinicians assessed needs and delivered care in line with relevant and current legislation, standards and guidance.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make their assessments.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients received a comprehensive report following their assessment. Timely referrals to other services for further examination, tests or treatments or the patient's own GP were made.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Key performance indicators were in place for monitoring care and treatment and the quality of consultations with patients.
- The service made improvements through the use of completed audits. The provider had carried out audits across their services and fed back the results to make improvements. For example, an audit of patient uptake of faecal immunological testing (FIT) identified that although the uptake was above the national NHS target this could be further improved by ensuring this was discussed with eligible patients during their health assessments. Guidance had been provided to clinicians. A re-audit was planned.
- An audit was undertaken to identify how many sexually transmitted diseases were detected and if they were appropriately managed. Although it was identified that test results were managed appropriately, the audit resulted in updated guidance for clinicians. A re-audit was planned.
- An audit of action taken when patients were identified as having raised glucose levels indicated that improvements could be made to the advice provided to patients. Action was taken to address this and a further audit showed the improvements had been implemented.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation. Physiologists were trained and accredited with their governing body (Royal Society for Public Health).
- 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.
- Training met the needs of the service. For example, two staff had recently undertaken training in the menopause.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Staff referred to, and communicated effectively with, other services when appropriate. For example, with the patient's own GP.
- Before carrying out a health assessment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. All patients completed a pre-assessment questionnaire.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services). There were clear arrangements for following up on people who had been referred to other services.
- A COVID-19 rehabilitation programme and a joint pain programme were provided free of charge on a GP or self-referral basis. These were designed to reach more people and support the NHS. The provider also worked with partner organisations on research into the effectiveness of exercise support for men with prostate cancer.

Supporting patients to live healthier lives

Staff supported people to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and prevention of ill-health.

- The provider had undertaken research as to the type of health programmes that were needed to target health inequalities. As a result the provider had developed their flagship programmes which were provided from a number of locations, including Nuffield Health Liverpool Fitness and Wellbeing Centre. The flagship programmes provided support to patients recovering from COVID-19, living with prostate cancer and joint pain and enabled patients to live healthier lives.
- Community groups within Liverpool were being supported to improve the health of local people who may be disadvantaged due to socio-economic factors. The service had established links with a local community centre and provided free blood pressure checks, health advice and donated to the foodbank. The service had also partnered with a patient-led group for adults with chronic illness to improve their quality of life and offered weekly exercise and social activities. Exercise classes were planned to improve the health of young people with limited access to fitness resources.
- The aims and objectives of the service were to support patients to live healthier lives. This was done through a process of assessment and screening and the provision of individually tailored advice and support to assist patients.
- Each patient was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices. Reports also included fact sheets and links to direct patients to more detailed information on aspects of their health and lifestyle should they require this.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The process for seeking consent was monitored through audits of patient records.

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.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and they were involved in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.
- The service sought feedback on the quality of clinical care patients received at the end of every consultation. Feedback was positive, for example feedback from November 2022 to April 2023 showed that 100% felt their privacy and dignity were respected and that the clinicians were professional. 87% were satisfied with the overall service provided.
- Staff we spoke with demonstrated a patient centred approach to their work.
- Staff displayed an understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information.
- The service provided support to the local community. They had established links with a local community centre and provided free blood pressure checks, health advice and donated to the foodbank.
- The service had also partnered with a patient-led group for adults with chronic illness to improve their quality of life through exercise and social activities.

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.
- Information could be made available in different formats to help patients be involved in decisions about their treatment if this was required.
- Staff had undertaken training in equality, diversity and inclusion.
- Information about the assessments offered was available for patients to review to inform their decision-making on which assessment to choose. Further information was available for patients to inform their decision making, for example, referral to specialist care.
- Patients were provided with a report covering the results of the assessment and screening procedures and identifying areas where they could improve their health by lifestyle changes. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Signs advised patients that chaperones were available should they want this and staff who provided chaperoning had been provided with training in this.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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, to target health inequalities and those living with lower economic resources the provider had implemented flagship programmes to improve health. This included a joint pain programme, COVID-19 rehabilitation programme and research in to the benefit of exercise for men with prostate cancer.
- The service had also established links with a local community centre and provided free blood pressure checks and health advice, to promote the health needs of people on a low income who may not attend their own GP for routine wellness checks. The service also donated to the local foodbank. The service had partnered with a patient-led group for adults with chronic illness to improve their quality of life through exercise and social activities. From late June 2023 they would be offering free exercise classes for teenage girls primarily from low income households and underserved communities in response to research indicating that this would benefit these patients who may not normally access such a service.
- The service had also partnered with a patient-led group for adults with chronic illness to improve their quality of life and offered weekly exercise and social activities.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, flexible appointment times and longer appointments were provided.

Timely access to the service

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

- Patients booked appointments through a central appointments management team. Patients who attended the service for a chosen health assessment were either corporate or fee paying patients. The service provided non-urgent health assessments.
- Patients had timely access to initial assessment and test results. Patients completed a health questionnaire prior to their assessment. Patients generally saw a physiologist and then a GP. Most tests including blood test results were screened during the assessment so patients received their results quickly. The patient received a comprehensive report with the results within 14 days of the assessment.
- Feedback from patients indicated there was timely access to appointments.
- The service did not treat conditions. Following the assessment, there was a process to refer patients to their own GP or to another service for treatment if necessary.
- 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

Are services responsive to people's needs?

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.
- 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 complaint policy and procedures in place. There was a lead member of staff for managing complaints and all complaints were reported through the provider's quality assurance system. This meant that any themes or trends could be identified and lessons learned from complaints could be shared across the organisation. We found there had been no complaints made in the last 12 months. However, we did see evidence of learning from patient feedback. For example, changes had been made to the booking system.

Are services well-led?

We rated well-led as Good because:

There was a clear strategy and vision for the service. The leadership and governance arrangements promoted good quality care.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Links between local management and national management were clear with shared systems and processes, management oversight and monitoring.
- Leaders 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 and external partners where appropriate.
- 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.
- 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 needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary
- There was a strong emphasis on the safety and well-being of all staff. For example, staff had access to an on-line hub where they could access emotional, physical, social and financial support. Staff could apply for a cost of living support payment. All staff had access to a free health assessment and gym access.
- There was a values based recognition scheme for teams and individual staff members. This supported the provider to embed and reinforce its vision and values.

Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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 service was provided by Nuffield Health and as such is part of a large organisation providing a range of healthcare services nationally. There was a range of processes in place to govern the service in all aspects of service delivery including the clinical aspects of the service.
- Systems were in place for monitoring the quality of the service and making improvements. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.
- There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- A range of meetings were held including clinical meetings. Systems were also in place to monitor and support staff. Minutes of meetings viewed demonstrated a comprehensive range of strategic and operational areas were discussed on a routine basis.
- A designated Quality Committee had oversight of matters relating to the safety and quality of the service. A range of clinical leads had oversight of clinical aspects of the service.
- 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.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations 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.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Are services well-led?

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

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved. For example, following feedback that what was covered by the different assessments was not clear, patients were contacted prior to their assessment to ensure they had selected the assessment they required. As a consequence patient satisfaction improved in this area over a six month period. We noted that the number of patients who completed feedback was not collated. The provider told us they would ensure this was in place going forward.
- Staff could describe to us the systems in place to give feedback. Feedback from staff was requested on a quarterly basis. This was used to improve the service and support staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There were systems to support improvement and innovation work. The provider had put in place flagship programmes to improve patient outcomes. These were designed to reach patients who would not ordinarily use a private service, reaching more people and supporting the NHS. A COVID-19 rehabilitation programme and a joint pain programme were provided free of charge on a GP or self-referral basis. The provider also worked with partner organisations on research into the effectiveness of exercise support for men with prostate cancer.
- The service had developed services to support the local community. For example, they had established links with a local community centre and provided free blood pressure checks, health advice and donated to the foodbank.
- The service had also partnered with a patient-led group for adults with chronic illness to improve their quality of life and offered weekly exercise and social activities.
- The provider contributed to improving the health of the public in further ways. For example, following their work on the COVID-19 programme they had been invited to contribute to the NICE (National Institute of Clinical Excellence) guidance update regarding managing the long-term effects of COVID-19. They had completed articles for medical journals regarding the impact the COVID-19 programme has had on patients. They had published articles and had on-line resources for improving the mental health and well-being of patients. There was a focus on continuous learning and improvement. The provider had plans to increase the services offered. For example, by providing a service 5 days a week by the end of 2023.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider had plans in place to reduce its carbon emissions and kept this under review.