

Nuffield Health

Nuffield Health and Wellbeing Centre Crabbet Lane Crawley

Inspection report

Crabbat Park,
Turners Hill Road,
Crawley,
West Sussex,
RH10 4ST
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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. (Previously inspected January 2018 where the practice was not rated but was found to be compliant in all areas)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Summary of findings

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection Nuffield Health and Wellbeing Centre Crabbet Lane Crawley on 5 June 2019 as part of our inspection programme.

Nuffield Health and Wellbeing Centre Crabbet Lane Crawley is part of Nuffield Health a not-for-profit healthcare provider. The centre offers a full range of fitness and wellbeing activities including physiotherapy and health assessments, personal training, fitness suite, exercise classes, swimming pool and cafe. The health assessment clinic is based within the fitness centre. Patients seen in the clinic are either private patients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided to adults privately and are not commissioned by the NHS.

The general manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. There were ten comment cards completed. All these cards contained positive feedback from patients who accessed the service.

Our key findings were:

- There was an effective overarching governance framework which supported strategic objectives,

performance management and the delivery of quality care. This encompassed all Nuffield Health locations and ensured a consistent and corporate approach across all sites.

- The service had clear systems in place to manage and mitigate risks so that safety incidents were less likely to happen. The service had a clear reporting system and information was shared across all of the provider's locations.
- Clinicians were committed to improving the outcomes of patients and delivering quality care.
- There was effective local management, and when required organisational support was available at regional and national level.
- All health assessment rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including blood screening equipment.
- The service completed a number of clinical and non-clinical audits to assess performance and ensure care provided was safe. These audits were reviewed and actions taken where necessary.
- Patient feedback obtained by the service through feedback forms was consistently positive about the experiences received.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Members of staff we spoke with were wholly positive about working at the service and the support provided to them from leaders.
- The provider had clear systems and processes in place to ensure care was delivered safely and good governance and management was supported.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Nuffield Health and Wellbeing Centre Crabbet Lane Crawley

Detailed findings

Background to this inspection

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

Our inspection was led by a CQC inspector with a GP specialist advisor.

The service is part of the Nuffield Health UK health organisation, a trading charity which was established in 1957 and runs a network of 32 private hospitals, medical clinics, fitness and wellbeing centres and diagnostic units across the UK.

Nuffield Health and Wellbeing Centre Crabbet Lane Crawley is part of Nuffield Health a not-for-profit healthcare provider. The clinic provides a variety of health assessment for both corporate and private clients (adults only). The clinic aims to provide a comprehensive picture of an individual's health, covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and discuss any required treatment planning. Patients are provided with a comprehensive report detailing the findings of the assessment. The reports include advice and guidance on

how the patient can improve their health and they include information to support patients to live healthier lifestyles. The clinic can also refer to an on-site nutritionist (2 days a week) and physiotherapists.

The clinic address is: -

Crabbat Park, Turners Hill Road, Crawley, West Sussex, RH10 4ST

The core opening hours for the clinic are Monday, Tuesday and Friday 8am-5pm.

The staff team at the clinic consists of two health assessment doctors covering three days a week (both female GPs) and three physiologists. Patients who may require further investigations or any additional support are referred on to other services, such as their NHS GP, physiotherapist, nutritionist or other healthcare professional. Clinicians do not provide prescriptions to patients. In instances where a prescribed medication may be indicated, the patient is referred to their NHS GP or independent health provider (A physiologist is a graduate in exercise, nutrition and health sciences, and are full professional members of the Royal Society for Public Health (RSPH). They are trained to carry out health assessments, give advice and motivate lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management).

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

Detailed findings

regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Nuffield Health and Wellbeing Centre Crabbet Lane Crawley provides a range of fitness activities, for example, personal training, fitness suite, exercise classes, swimming pool and cafe which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury in relation to the health assessment services offered.

Patients have access to the following range of health assessments:

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

- Personalised Assessments for Tailored Health (PATH) are also available, these are tailored to suit the patient's individual needs.

Before our inspection we reviewed a range of information about the service, this included patient feedback from the public domain, information from the providers website and the providers CQC information return. During our visit we:

Looked at the systems in place for the running of the service

- Explored how clinical decisions were made
- Viewed a sample of key policies and procedures
- Spoke with a range of staff
- Looked at a random selection of anonymised patient reports
- Made observations of the environment and infection control measures
- Reviewed patient feedback including CQC comment cards

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

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

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

Are services safe?

Our findings

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 locums. All of the policies were available online. They outlined clearly who to go to for further guidance. Members of staff we spoke with were aware of how to access safety policies.
- 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.
- There was an effective system to manage infection prevention and control.
- Staff received safety information from the service as part of their induction and refresher training. The service provided evidence of training completed by staff and how the provider monitored the on-going training requirements of the staff team.
- The service worked 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.
- 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).
- Information in the clinic waiting area advised patients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to

identify and report concerns. The service had systems to safeguard children and vulnerable adults from abuse. The clinic only provided services for adults (over the age of 18 years).

- Patients completed an online questionnaire before their assessment. If the on-line assessment should indicate suicidal ideation, or domestic abuse then the system would immediately and appropriately signpost the individual to local routes of self-help including NHS services and The Samaritans. Following this, an alert would be sent to the specialist National Duty Doctor team who will call the patient within one working day. The doctor would carry out a telephone consultation and provide the patient with the necessary onward referral, or act for any patient in immediate danger with links to local Police, NHS and local safeguarding teams.

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. The service was able to provide cover when required from other staff employed by the provider. Where possible staff within the clinic covered for sickness or annual leave.
- There was an effective induction system for temporary staff tailored to their role.
- 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.
- Emergency medicines and equipment were easily accessible to staff in a secure area of the clinic and all staff knew of their location. The clinic had suitable emergency resuscitation equipment including an automatic external defibrillator (AED) and oxygen. The clinic also had medicines for use in an emergency. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.
- All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The clinic completed fire drills and weekly fire alarm testing was recorded. Staff had received health, safety and fire training.

Are services safe?

- We saw formal risk assessments in place for the control of substances hazardous to health and for the risk of legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Information to deliver safe care and treatment

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

- The service provided diagnostic and screening services for patients but did not provide treatment on site to patients. Where treatment was required, patients would be referred onwards to the most appropriate service.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that was written and managed in a way that kept patients safe. The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the service's patient record system and their intranet system. This included investigation and test results, health assessment reports and treatment plans.
- The service used their own computerised system for managing care records. There were policies in place to protect the storage and use of all patient information. IT systems were password protected and encrypted. The organisation achieved and adhered to ISO 9001 quality standards for their IT based medical records.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The provider did not prescribe medicines at the service, therefore there was no prescribing data to review or report on. The only medicines held on site were emergency medicines to treat patients in the event of an emergency.
- The systems and arrangements for managing emergency medicines and equipment minimised risks. The service had appropriate emergency medicines and equipment such as oxygen, emergency medicines and a defibrillator.

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.
- We saw evidence that risks were discussed during team and management meetings.
- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). All pathology results were reviewed by the attending doctor and an accredited biomedical scientist, with follow-up action appropriately taken.
- The service had an effective mechanism in place to disseminate alerts to all members of the team. Safety alerts were disseminated by the service's medical director and through the providers quality support team. The service operated a system which monitored each alert received and action taken. Where alerts were not applicable to the service this was recorded. Alerts were discussed at team meetings and through the organisations newsletter and the intranet.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff were able to use a reporting system (Datix) which was available on all computers to record and act on significant events. Each incident was graded according to risk and the service reviewed the key themes to mitigate against risks reoccurring.
- There was a system for recording and acting on significant events. Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and care

The provider had systems to keep clinicians up to date with current evidence-based service. We saw evidence that clinicians assessed needs and delivered care in line with current legislation, standards and guidance (relevant to their service).

- Patient's immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care decisions.
- Following health assessments, staff advised patients where to seek further help and support, including through other services offered in the centre, through Nuffield Health's private services or from NHS services.
- Clinicians were supported to keep up to date with current evidence-based service through protected learning time and clinical meetings.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Service performance indicators were formally reported through a quarterly scorecard process. This provided a dashboard for services to monitor their performance against standards, as well as other services across the organisation. The scorecard reports we viewed during our inspection showed the service was meeting standards in many areas including turnaround times for patients, timeliness of pathology results and patient satisfaction rates
- The service used information about care to make improvements. The service made improvements through the use of clinical and non-clinical audits. For example, clinical waste audits, cervical screening audits and a point of care testing audit (which reviewed the performance of the service and care provided to patients).
- Clinical audit had a positive impact on quality of care and outcomes for patients. We saw an audit of a physiologist's consultations. We were told the audits were used to ensure clinicians were working to a high standard and to drive improvement where required.

- There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

- The continued development of staff, including skills, competence and knowledge was recognised as being integral to ensuring the delivery of high quality care.
- All staff were appropriately qualified. The provider had a centralised induction programme for all newly appointed staff.
- All staff had received an appraisal or performance review within the last 12 months.
- Relevant professionals were registered with the General Medical Council (GMC) 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.
- The service supported physiologists to obtain a level seven Advanced Professional Diploma in Health and Wellbeing Physiology.

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, where patients required an onward referral, the service had systems in place to ensure this referral was made as promptly as possible whilst considering the patient's preferences.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on patients who had been referred to other services.

Are services effective?

(for example, treatment is effective)

- The service offered onsite testing for various testing and screening procedures such as FBC tests (full blood count), cholesterol tests and blood glucose testing. There were adequate arrangements in place for laboratory tests as well as for transporting samples for any offsite testing. There was a process to ensure that all test results were received and reviewed in a timely manner. All test results were reviewed by the doctor and accredited biomedical scientist.

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.

- 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. The provider had received feedback from patients and in April 2019, 86% of patients said they had made changes to improve their wellbeing as a result of their health assessment.
- 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.
- Patients also received a 10 day gym membership following their health assessment.
- In the patient waiting area we saw there was detailed information on each health assessment available including the cost. Patients were able to request additional tests if they wanted.

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. The service monitored the process for seeking consent appropriately.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

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.
- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with were passionate about their work and demonstrated a patient centred approach.
- 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.
- At the end of every consultation, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received.
- We received ten completed comment cards all of which were very positive and indicated patients were treated with kindness and respect.

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.
- Staff were trained in providing motivational and emotional support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.
- Patients were encouraged to set and achieve specific and realistic objectives to address results from their assessment. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on.
- All staff had been provided with training in equality, diversity and inclusion

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The health assessments were provided in an area separate to the other facilities in the service and this included a separate waiting area.
- Curtains were provided in assessment rooms to maintain patients' privacy and dignity during assessments and consultations with the doctor.
- Assessment room doors were closed and we noted that conversations taking place could not be overheard.
- Patients could be treated by a clinician of the same sex where required and chaperones were available on request.

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. The provider had recently introduced personalised assessments for tailored health (PATH).
- The facilities and premises were appropriate for the services delivered.
- Assessment rooms were all on the ground floor. Patients had access into the centre via automatically opening doors. There were adequate toilet facilities including toilets for people who had disabilities. In the waiting area there was a water dispenser.
- Reasonable adjustments had been made so that patients in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had an agreement to support patients with cystic fibrosis to use the services at the fitness and wellbeing centre to improve their health and wellbeing.
- The clinic also provided 'Meet our Experts' where different topics would be presented. The clinic was also involved with local school's wellbeing programme and gave talks and advice for children in relation to move, eat, sleep and relax topics, to improve health at an early age.

Timely access to the service

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

- Health assessments were available Monday, Tuesday and Friday between 8am and 5pm.

- Patients were able to access health assessments at any of the Nuffield Health locations.
- Patients had timely access to initial assessment, test results and referrals.
- Most of the tests conducted during the health assessment were completed on site and results were provided to patients the same day.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could access health assessment services over the telephone through a centralised booking system with a call back facility available.
- Referrals and transfers to other services were undertaken in a timely way.

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.

- Staff were able to use a reporting system (Datix) which was available on all computers to record and act on complaints. Each complaint was graded and the service reviewed the key themes.
- The service had received no complaints in the last 12 months, however the clinic manager was able to explain how complaints would be managed. Including being discussed at team meetings, sharing learning wider and looking for trends.
- Information about how to make a complaint or raise concerns was available.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service would inform patients of any further action that may be available to them should they not be satisfied with the response to their 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 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.
- Staff we spoke with told us 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.
- Team leaders regularly engaged with other leaders in the organisation to share best practice and monitor performance.

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 purpose and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider's charitable purpose was 'to promote and maintain the healthcare of all descriptions and to prevent, relieve and cure sickness and ill health of any kind for the public benefit'.
- The provider's values framework was 'CARE':
 - Connected
 - Aspirational
 - Responsive
 - Ethical
- The service developed its purpose, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the purpose, 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 we spoke with told us that the service invested in their staff. They told us that they were happy to work for the service and felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed by the leadership team.
- There were processes for providing all staff with the development they need. This included regular appraisal and career development conversations. All staff had received an appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The provider offered complimentary services to members of staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams. Members of staff we spoke with told us the service was a positive working environment and all staff and teams worked well together.

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.
- There were clear staffing structures in place, these reflected both corporate and local level staffing structures. Staffing structures outlined the leadership and governance responsibilities for various staffing groups including doctors and physiologists, and

Are services well-led?

Good 

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

non-clinical staff members. Staff we spoke with during our inspection were aware of their responsibilities as well as the responsibilities of their colleagues and managers. Staff were clear on their roles and accountabilities.

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff attended a variety of meetings as part of their roles, this included regular meetings for clinic managers, quarterly meetings between the regional clinical leads and weekly meetings with the heads of departments. There were also frequent staff meetings.

Managing risks, issues and performance

There were clear and effective clarity around 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. 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. We saw that scenario-based training and awareness was carried out on a monthly basis.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used a dashboard scorecard system to monitor their performance against internal key performance indicators, best practice standards and effective risk management.

- 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.

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. We saw evidence of feedback collated and actions taken in response to issues raised.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The provider held regular team meetings.
- The provider had a regular newsletter which was distributed amongst the staff team and included relevant health and organisational updates.
- The service was transparent, collaborative and open with stakeholders about performance.

The service worked closely with local communities and other charities. This included:

- A fitness support programme for children with cystic fibrosis.
- Joint pain referral clinic, whereby local GPs could refer patients for a 12 week programme for exercise and support.
- 'Meet our Expert' health promotion events, to help educate people on a variety of health topics.
- The clinic was also involved with local school's wellbeing activity programme (SWAP) and gave talks and advice for children in relation to move, eat, sleep and relax topics, to improve health at an early age. The programme had been delivered in four schools so far, reaching over 300 students.

Are services well-led?

Good 

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

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff were encouraged and supported to develop and train, including through the providers academy system.
- The provider offered support for staff to complete further education such as degree-level qualifications and apprenticeships.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared across the organisation and used to make improvements.