

Bluecrest Health Screening Limited

Ridgeworth House

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Inspected but not rated



Are services caring?

Insufficient evidence to rate



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

This service was inspected and not rated in April 2014, at a previous address, and under a previous inspection framework.

At this inspection, we rated it as good because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service had a system for reporting safety incidents.

Staff provided good care. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well for the benefit of patients. The website included advice on how to lead healthier lives. Key services were available to suit patients' needs.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients.

The service planned care to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for appointments.

Leaders ran services using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services.

However:


Staff did not always dispose of clinical waste safely and infection control auditing process was not sufficient to aid trend and theme analysis.

The service had some systems to learn from incident themes and trends. However, these were not shared with the wider team.

There was limited evidence that patient feedback was acted upon and the service did not share learning from complaints with the wider team.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	The overall rating for diagnostic and screening services is good.

Summary of findings

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Summary of this inspection

Background to Ridgeworth House

Ridgeworth House is operated by Bluecrest Health Screening Limited. The head office opened at this location in September 2019. It is an independent company providing a range of private health checks to adults across the United Kingdom. Patients can opt to do their own testing at home or could book a face to face appointment. Assessments are carried out by a team of health assessment specialists. All assessments included a personalised health report.

The service is managed by the head office located in Worthing in West Sussex. Health assessments are carried out in clinics held in hotel meeting rooms and conference centres throughout the United Kingdom. Appointments are available on specific dates from Monday to Saturday 9am to 5.35pm.

The senior leadership team consists of a chief executive officer, a chief operating officer, a chief medical officer and a team of senior leaders. The field operations team includes an external operations manager and a field performance manager. At the time of inspection the provider had a vacancy for a quality manager. The provider contacted us after the inspection to inform us this post had been filled. Assessments are carried out by around 70 field staff known as health assessment specialists who are trained in phlebotomy.

The head office has a call centre through which assessments could be booked.

Patients had access to a GP helpline which was open 24 hours a day. This was operated by a third party organisation and therefore not within the scope of this inspection. Patients could use the helpline to seek clinical advice following their results. The GP helpline role was to triage the patient to their own GP or to give advice about self care.

The service has had a registered manager in post since 2015 who is registered to manage the following regulated activities:

Diagnostic and screening procedures.

This service was inspected and not rated in April 2014, at a previous address, and under a previous inspection methodology.

We carried out an unannounced inspection on 15 March 2022 using our comprehensive inspection methodology.

How we carried out this inspection

The inspection team consisted of a lead inspector and a second inspector. The inspection was overseen by Amanda Williams, a head of hospital inspection.

During the inspection, we inspected the head office and an assessment clinic at one hotel. We spoke with seven staff, including one health assessment specialist and one performance executive. We spoke with one patient.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

The provider must ensure governance and risk management systems and processes are established and strengthened to assess, monitor and improve the quality and safety of the services provided. (Regulation 17)

The provider must ensure it assess, monitors and mitigates the risks associated with managing health acquired infections in line with national guidance. (Regulation 17)

The provider must improve its complaint handling systems. This includes ensuring patients can easily access information on how to make a complaint and be involved in the complaints process. Complaint trend and theme data must be used as a service improvement tool and shared regularly with staff. (Regulation 17)

The provider must improve its incident handling systems. Incident trend and theme data must be used as a service improvement tool and the learning from incidents shared regularly with staff. (Regulation 17)

Action the service SHOULD take to improve:

The service should consider further risk assessments for all manual handling tasks and for handwashing facilities at individual hotels. (Regulation 15).

Our findings




Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Insufficient evidence to rate	Good	Requires Improvement	Good
Overall	Good	Inspected but not rated	Insufficient evidence to rate	Good	Requires Improvement	Good

Diagnostic and screening services

Good 

Safe	Good 
Effective	Inspected but not rated 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Requires Improvement 

Are Diagnostic and screening services safe?

Good 

We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. Staff completed online modules tailored to their role including health and safety, manual handling, and infection prevention and control.

The mandatory training met the needs of patients and staff. Staff felt training was comprehensive and met the needs of their role.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff and managers were notified when they were due to complete training. A dashboard showed 76 out of 77 health assessment specialists were up to date with their mandatory training. One staff member was one month overdue with training and had received automated reminders to complete it.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Health assessment specialists were trained to safeguarding adults level two. This was in line with intercollegiate guidance on safeguarding adults. All health assessment specialists had completed adult safeguarding training level two and knew how to apply this training. Managers made sure staff completed safeguarding training.

Diagnostic and screening services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The nominated safeguarding lead was the governance lead who was trained to safeguarding adults level three. Staff understood their role in safeguarding and what they would do if they had concerns. They told us they would report any immediate concerns to their field administrator who would escalate to the safeguarding lead as required.

Staff working at head office did not have contact with patients and therefore was not required to completed safeguarding training. Staff were not trained in children's safeguarding as the service did not allow children to attend clinics.

The service reported no safeguarding concerns in the past 12 months.

Cleanliness, infection control and hygiene

Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The service did not always monitor infection risk well.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service set up temporary clinics in hotel meeting rooms. Staff brought all clinical equipment with them including examination benches, weighing scales, blood sampling equipment, thermometer, blood pressure machine, sharps bins, and waste bags.

Staff cleaned equipment after patient contact. Staff told us they used disposable wipes to clean equipment, including examination benches and scales, after each patient. Health assessment specialists took blood for testing and told us they used single use tourniquets for this purpose.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Equipment was visibly clean and there was a cleaning schedule. Equipment was cleaned at the beginning and end of each day and between every appointment. There was an infection control policy in place, which had been updated to include principles related to the COVID-19 pandemic. However, the service did not carry out infection control audits. This meant there was no system to ensure staff carried out appropriate infection control procedures in line with the service's infection control policies.

Staff followed infection control principles including the use of personal protective equipment (PPE). Health assessment specialists wore PPE appropriate to their role, including face masks. There were established procedures to ensure that staff complied with the COVID-19 testing requirements to help prevent the spread of the virus. Patients were not required to wear face masks during their appointment. Patients were screened for Covid-19 when booking their appointment but there was no screening on the day of assessment.

There were no handwashing sinks in the rooms used as clinics. There was a generic risk assessment to mitigate this risk and health assessment specialists used alcohol gel and/or sinks in the hotel toilets to wash their hands. However, the provider risk assessment did not consider variations in handwashing facilities in each setting.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff did not always manage clinical waste well.

Diagnostic and screening services

The design of the environment followed national guidance. The service risk assessed each environment for suitability for clinics. The clinic we visited was on the ground floor of a hotel in a meeting room. It was accessible for people with limited mobility. Staff at the hotel reception directed the patients to a waiting area in the hotel lobby and there was a banner with the name of the service clearly displayed so patients knew where they should wait. Parking was available near the hotel.

There were toilets nearby the waiting area, in the hotel lobby and patients had access to drinks from the hotel café. The clinic room had chairs and tables for the portable equipment as well as an examination couch. The clinic room was clean and tidy. The health assessment assessors used a laptop to access and record information and results.

There were carpet tiles on the floor and staff told us in the event of a spill they used their spill kit to clean the area and report the spill to the hotel staff. Hotel staff would clean the carpet or remove and replace the floor tile. There was a risk assessment to reflect this.

Staff carried out daily safety checks of specialist equipment. Staff brought all specialist equipment with them to the clinic. Equipment was new for staff when they began their employment and they had responsibility for performing daily checks to ensure safety. Records showed the checks were carried out.

There was a policy to ensure equipment was calibrated and serviced based on manufacturers' guidance. Records showed these checks were up to date. Health assessment specialists were given a yearly date when all their equipment was serviced and there was a schedule to ensure all equipment checks were up to date. Staff told us that if equipment was faulty they were supplied with replacements within a day or two. When equipment was out of use, patients were notified that aspects of their assessment could not be carried out and were offered an alternative date.

Staff did not dispose of clinical waste safely. Clinical waste including gloves and equipment used for blood sampling was disposed of in black bin liners and included in the hotel's general waste. This is not in line with best practice. The service informed us they would be changing this policy and using yellow clinical waste bags. In the short-term black bin liners would be double bagged to reduce contamination.

Sharps were disposed of in yellow sharps bins. However, full sharps bins were sometimes stored in health assessment specialists' homes for up to four weeks until they were collected. This was not in line with the provider's policy which stated, that sharps bins should be collected as soon as they were full. On the day of inspection, the service told us full sharps bins should be collected as soon as they were full, and they would remind staff of this requirement. There was no additional evidence submitted by the provider to demonstrate that the policy was always adhered to.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient's health. Patients attending assessment clinics were well and did not have specific healthcare requirements. This meant the risk of deterioration was very low. The service had a policy outlining potential risks to patients such as fainting. The policy advised appropriate actions for staff to carry out in these situations. Staff received training in first aid and told us they would contact their field administrator for support. They would call emergency services in the event of a clinical emergency.

Diagnostic and screening services

There was a lone worker risk assessment to minimise the risks associated with lone working. Health assessment specialists worked alone with individual patients. If they had concerns for their personal safety they could call for support from the hotel reception or contact their field administrator for support.

Staff knew about and dealt with any specific risk issues. Patients were given the helpline details to call if they had concerns following their assessment. There was a policy to follow up a sample of appointments with a phone call to ensure patients' satisfaction and safety. We saw the service call a patient who had raised concerns following their assessment. The service gave them advice and recorded the incident.

Staffing

The service had enough staff to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough staff to keep patients safe. Patients received a one to one assessment with a member of the health assessment specialist team. There were around 70 health assessment specialists in post who worked in hotels locally to them. Health assessment specialists worked alone and all assessments were one to one with the patient. They received phone support from their field administrator. Field administrators were supported by the field performance manager. Rotas for field staff were calculated based on staff preference for hours and locations. Staff told us they were usually allocated to suit their preferences.

The service had no vacancies. The health assessment specialist team was fully staffed and the service was recruiting to suit service requirements.

The service had low sickness rates. The service had recorded 1.4% of lost working hours through sickness absence in the last year. Staff sickness was covered by other staff as overtime.

The service did not use bank or agency staff.

Records

Staff kept detailed records of patients' care. They were clear, up-to-date, stored securely and easily available to all staff.

Patient assessment notes were comprehensive, and all staff could access them easily. We reviewed the notes from one assessment which was fully completed. Notes were recorded and stored electronically and health assessment specialists had access to relevant details about patients including the assessments they had requested.

Records were stored securely. Staff kept electronic records securely on password protected computers. The health assessment specialists kept their laptops securely in their own homes when not in use. Laptops were password protected.

Incidents

Safety incidents were usually reported in line with the provider's own policy. Managers investigated incidents but lessons learned were not shared with the whole team and the wider service.

Diagnostic and screening services

Staff knew what incidents were and usually reported them. One staff member told us about an incident when a patient fainted following a blood sample and the clinical action they had taken. After our inspection, the provider submitted additional evidence to confirm that Health Assistant Specialists had been reminded of the requirement to report and record incidents and sent us a fainting incident process.

Staff did not always follow the service's incident policy. The service reported 28 incidents in the last 12 months and all of these were recorded as low or no harm. Examples of incidents included: patients feeling unwell during their assessment and equipment checks not being appropriately carried out. Incidents were investigated and discussed at senior leadership meetings. Incidents were fed back to the staff who had reported the incident. We saw evidence that trends and themes were discussed twice yearly during senior leadership team meetings. However, we saw no evidence of outcomes and improvements being shared with the wider team. Health assessment specialists were not involved in feedback to discuss improvements to patient care. Patients were not involved in investigations.

There was an online incident reporting system, and a policy which outlined when incidents should be reported. However, one member of staff was unable to confirm which incidents should be reported and there was no formal system to feedback results of incidents to the team to encourage learning.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff were aware of their responsibility to inform patients when anything went wrong.

The service had reported no serious incidents or never events in the last 12 months.

Are Diagnostic and screening services effective?

Inspected but not rated 

We do not rate effective.

Evidence-based care and treatment

The service provided care and treatment based on evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver care. New policies were sent to staff through email. Policy updates were discussed in daily calls with the field administrator. Managers ensured staff had read policy updates.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Managers gave all new staff a full induction tailored to their role before they started work. The induction included a mix of training, protected time for review of policies and procedures and clinical work under supervision. Staff had to complete their induction before they were able to carry out their roles alone. There were role specific induction checklists.

Diagnostic and screening services

Managers supported staff to develop through yearly, constructive appraisals of their work. Seventy six out of 77 health assessment specialists had received an appraisal within the last 12 months. Health assessment specialists were given the opportunity to feedback on their own performance and wellbeing in the role. All health assessment specialists received monthly one to one calls with their field administrator. This was an opportunity to raise concerns and address any training or performance needs.

Managers supported staff to develop through constructive supervision of their work. The training team supervised health assessment specialists on a regular basis to assess their skills and give feedback. Health assessment specialists had daily check in calls with their field administrator when they could discuss their day's work, any issues with equipment and general concerns. Health assessment specialists had the opportunity to discuss training needs with their field administrator. A survey carried out in February 2022, which assessed the effectiveness of the field administrator role, found over 80% of health assessment specialists were positive about the support provided by the field administrators and over 95% of those who completed the survey found the calls with their field administrator to be useful.

Health assessment specialists did not attend regular team meetings and only had contact with others in their role during face to face training.

Health promotion

There was advice to help patients to lead healthier lives.

The provider's website included relevant information promoting healthy lifestyles and support in patient areas. For example, the health benefits of smoking cessation and articles on healthy diet and nutrition.

Consent and Mental Capacity Act

Staff followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. There was a consent and capacity policy. Patients booked assessments online or by phone and were assessed for capacity prior to their appointment. All staff had received training on consent and the Mental Capacity Act.

Staff gained consent from patients during their assessments in line with legislation and guidance. Health assessment specialists explained the assessment procedures fully to patients and the consent form was completed prior to the assessment. Staff told us they checked to make sure patients understood the procedure. Consent was recorded digitally. During the procedure, staff checked with the patient to make sure they were comfortable and happy to continue.

Are Diagnostic and screening services caring?

Insufficient evidence to rate 

There was insufficient evidence to rate caring.

Compassionate care

Diagnostic and screening services

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff took time to interact with patients in a respectful and considerate way. Appointment time slots ranged from 10 to 30 minutes according to the number of tests requested. Staff told us this was enough time for them to complete the tests and they did not feel rushed.

Patients said staff treated them well and with kindness. Feedback from patients said staff were polite, professional and helpful and a weighted average of 9.5 out of ten patients, who answered the survey, were satisfied with the service they received from the health assistant specialist. (A weighted average is a calculation that takes into account the varying degrees of importance of the numbers in a data set.) Staff gave examples of caring for patients such as reassuring patients who were worried about their assessment and explaining the procedures. Examples included giving patients who felt faint after phlebotomy a glass of water and time to recover before they left their assessment.

Staff followed policy to keep patient care and treatment confidential. Staff were trained in requirements for confidentiality. The clinic room was private, and it was not possible to overhear conversations. Assessments were on a one to one basis and patients waited outside the clinic room until they were called in by the health assessment specialist. We observed staff welcoming patients to the clinic, they introduced themselves and had a professional and friendly approach. We saw staff at the head office answering calls in a friendly manner. Patients' calls could not be overheard.

Staff understood and respected the personal needs of patients and how they may relate to care needs. Patients were offered the option of a chaperone when they booked their assessment. Patients did not remove their clothing during their appointment.

Understanding and involvement of patients

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff talked with patients in a way they could understand. Staff explained and gained consent for assessment procedures. Patients gave written and verbal consent. Staff explained the purpose of each assessment to the patient and described how the test was to be carried out. Staff were unable to give results on the day of assessment.

When patients received their report they could call the external GP helpline for support in understanding their results or for guidance in further actions to take, including advice to contact their own GP for further investigations.

Patients could give feedback on the service. They were invited to give online feedback following the assessment. Patients commented they were very satisfied with the service they received from staff and with their overall experience. A weighted average of 8.5 out of ten respondents would recommend the service to their family or colleagues and a weighted average of nine out of ten patients were satisfied with their experience of the service. Patients had asked to see their results in comparison with previous assessments and a project was underway to implement this.

Are Diagnostic and screening services responsive?

Diagnostic and screening services

Good 

Good 

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Facilities and premises were appropriate for the services being delivered. The service offered a choice of over 2,000 clinics in hotel meeting rooms and conference centres across the United Kingdom. There was a policy to ensure the suitability of each premises including ground floor meeting rooms for ease of access for patients and staff, toilet facilities, privacy and ability to accommodate all clinical equipment.

The hosting hotel was required to provide tables and chairs as well as a phone to enable the health assessment specialists to access support from hotel staff in an emergency.

All clinical equipment was provided directly to the health assessment specialists and transported by them to the site.

Patients requested assessments through the service's website. There were three main assessment options all of which included tests such as health and lifestyle questionnaire, body composition analysis, blood tests and electrocardiogram to measure the function of the heart.

Managers monitored and took action to minimise missed appointments and ensured patients who did not attend appointments were contacted and offered an alternative date. If a patient did not attend an appointment the service contacted them to offer an alternative date.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service understood the needs of their patients and improved services in response to those needs. For example, the service offered appointments outside of normal working hours.

The service's facilities were appropriate for bariatric patients including the examination couch, the body composition scales, the aerobic capacity test step and a blood pressure cuff. The provider had an appropriate screening tool which meant they only accepted patients whose healthcare needs could be accommodated.

All information was online including patient information leaflets.

The facilities and premises were appropriate for the services delivered. All patients could access the service equally. For example, all clinics were on the ground floor to ensure they were accessible for all.

Diagnostic and screening services

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff told us they would speak slowly and clearly if a patient was hard of hearing. They would assist a person with physical disabilities, for example if they needed help getting onto the examination couch. There was an option to book a longer appointment time if the patient required it. The provider had recently updated their website to include a detailed accessibility section with questions recommended by the National Disability Authority.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. If required, the service could book an online translator, through a third-party provider. Staff told us that they had not needed to use this service because patients could speak English.

Access and flow

People could access the service when they needed it.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The current waiting time for an appointment varied according to the location. The maximum waiting time was one month for assessments booked online. However the service told us that most patients phoned to book their assessments and there was a regular review of whether availability was meeting demand. Therefore if patients were unable to book an assessment within three weeks the service would generate new assessment days to meet demand.

Waiting times, delays and cancellations were minimal and managed appropriately by offering alternatives.

Patient survey results showed that a weighted average of nine out of ten patients found the appointment booking system was easy to use.

Staff told us that clinics almost always ran to time as there was more than enough time allocated per assessment. If patients arrived late for an assessment they were seen if possible or offered an alternative slot. Patients did not usually have to wait in the waiting area to wait for more than a minute or two as the health assessment specialist would keep a look out for their arrival.

The service promised results of assessments by post within three weeks of the appointment. We saw that this promise was met within the previous three months. Results were often available for patients to view online sooner than three weeks.

Learning from complaints and concerns

Details of how to make a complaint were not included in the website or in assessment clinics. The service invited feedback following assessments and patients were able to raise concerns. The service investigated complaints and concerns and contacted the patient with the outcome. Staff received feedback from complaint investigations but there was no system to discuss learning from complaints with the wider team.

There was a complaints policy in place which the provider was in the process of updating. There was limited evidence of patients' involvement in the complaints process. However, the provider submitted complaints responses that had been carried out after the inspection and these showed patients were now involved in the complaints process per the draft policy. There was a system to feedback to individual staff who had been involved with complaints. However, the provider did not have systems in place to feedback and discuss complaints with the wider team. There were no details

Diagnostic and screening services

about how to raise a complaint on the service's website and the service did not display details of how to complain in the clinics. However, following their appointment, patients were given a card with contact information inviting them to contact the provider with questions or comments. The service had a system to identify themes and trends of complaints but these were not shared with the wider team. The service informed us they were in the process of reviewing their complaints procedures and there were minutes of a meeting held in February 2022 when plans to improve the complaints procedures were discussed.

There had been 630 complaints raised in the last 12 months, which represented 0.4% of assessments carried out in the same period. The service took an average of five days to resolve a complaint, while the policy was to resolve within 10 days. We reviewed three complaint responses and saw that they were fully investigated, and patients were happy with the outcome. The service used professional and polite language in their response.

Patients could feedback on the assessment service by completing the online form which was sent to them following their appointment. During the 12 months, the service was rated highly on helpful and professional staff, ease in accessing results and convenience of appointment. Patients expressed less satisfaction with the venue, stating that they had found the clinic room difficult to locate. Some patients commented that they found the pricing structure of tests to be confusing. The service had made improvements based on the feedback including improvements to signage at the venue, reviewing clinic rooms with improved décor and made pricing structures clearer.

Patients also gave feedback on the assessment clinics in the form of external reviews, using a generic online review system. On the day of the inspection, there were nearly 1,300 reviews for the service with an overall rating of 4.4 out of a possible five stars. Positive comments commended the ease of booking appointments and the efficiency of the service.

Managers did not share feedback from complaints with the team. Individual complaints were discussed in managers meetings and with individual staff members involved with a complaint. However, managers did not feedback to the health assessment specialist team when changes were made to the service as a result of complaints and feedback.

Are Diagnostic and screening services well-led?

Requires Improvement 

We rated well-led as requires improvement.

Leadership

Leaders had the skills and abilities to run the service. However, they were not visible for health assessment specialists. They supported staff to develop their skills. There were some opportunities for progression to more senior roles.

The service had a senior leadership team who were responsible for the day-to-day management and development of the service. However, one health assessment specialist told us senior leaders were not visible as they only saw them during their induction at head office.

Diagnostic and screening services

During the Covid-19 pandemic, patient assessments were not carried out due to restrictions and health assessment specialists were seconded to Covid-19 testing services. During that time face to face meetings were restricted and many office staff worked from home. The provider told us there were fewer meetings with health assessment specialists during this period.

Health assessment specialists were overseen by the head of external operations who was based in the head office. Health assessment specialists worked in roles across the United Kingdom, which made face to face support from senior managers more difficult to establish. The service recognised health assessment specialists needed more support and introduced five performance executives to support health assessment specialists in their roles. The new roles were filled with staff who had previously been health assessment specialists, which gave opportunity for career progression. The performance executives had responsibility for training health assessment specialists and carrying out performance observations.

The team of customer relations advisors were overseen by a customer experience manager. Customer relations advisors were based in the head office and had more regular contact with senior managers.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The service's aim was to empower people with knowledge about their health.

The service had a clear vision to expand the service and had recruited 52 new health assessment specialists over the past year. The vision was to expand the services offered to include, for example, hearing tests and more home testing. The service was also expanding service to more corporate contracts.

The vision and strategic direction was shared with staff in a presentation delivered in January 2022 and staff were thanked for their work. Changes to the organisational structure was also shared.

Culture

Staff felt valued and supported. The service provided opportunities for career development. The culture of the service did not enable health assessment specialists opportunities to feedback to senior managers. Health assessment specialists received weekly calls with their administrative assistant during which there were opportunities to feedback.

Staff we met during our inspection were welcoming, friendly and helpful. We spoke to staff across various grades and disciplines. Managers and staff working from head office described healthy working relationships where they felt respected and able to raise concerns without fear. Health assessment specialists told us they received daily support from their field administrator who they could contact throughout the day if they needed further support.

The provider did not have regular meetings with staff including health assessment specialists. There was a weekly online meeting between the health assessment specialists and administrative assistants during which there were opportunities to feedback to their administrative assistant. In a survey conducted by the provider in January and February 2022, thirty-eight out of thirty-nine health assessment specialists said they found these meetings to be useful and commented they found the administrative assistants to be 'helpful', 'empathetic' and 'wonderful'.

Diagnostic and screening services

Working hours were tailored to staff personal preferences where possible. For example, health assessment specialists told us they preferred to work longer days which enabled them to have more days off. Staff told us they enjoyed working for the service.

There was some emphasis on wellbeing of staff. We saw that wellbeing was a standard discussion point in one to ones which took place every other month.

There were recent opportunities for health assessment specialists to progress to performance executive, whose role was to support and develop health assessment specialists.

Governance

Not all governance processes were effective. Staff at all levels were clear about their roles and accountabilities. Not all staff had regular opportunities to meet, discuss and learn from the performance of the service.

Governance processes were a regular agenda item in the weekly senior leadership meeting and the monthly internal operations meeting. Performance, operational activity, policy updates and complaints were regular agenda items. Information from these meetings was disseminated to staff through managers.

There were no regular team meetings for health assessment specialists and records of dissemination of information were limited to one meeting in the last year, which took place online in January 2022.

After the inspection we received a copy of the provider's audit schedule for 2022 which included audit schedules for 'legal and statutory compliance' and 'performance evaluation and improvement'. The registered manager cited the top risks for the service as staff training on blood sampling, making sure staff are well cared for and ensuring staff do not work outside of normal hours.

Management of risk, issues and performance

Leaders identified as they occurred and escalated relevant risks and identified actions to reduce their impact. However, there was no understanding of service risk and the service had limited measures to understand performance.

There were individual risk assessments to help to mitigate risk. Risks were identified and resolved as they occurred. However, there was no central risk register and senior managers could not cite the current risks to the service. Risks were not a standard agenda item in senior leadership meetings.

Information Management

Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service used computer toolkits and dashboards to collect and monitor data. Data on staffing, corporate performance and sales was collected, reviewed and used to drive corporate improvements.

Diagnostic and screening services

Staff completed training in information governance. There was a policy to ensure security of information.

Staff could access information on the service's internal computer system. This included clinical policies and patient information.

Results were available on the internal system and were sent electronically and in paper form within three weeks of the patient's assessment. The service contacted patients with results outside of normal range as soon as they were received, to enable the patient to act on them by contacting their own GP or appropriate healthcare professional.

Engagement

Leaders and staff did not always engage with staff and patients to plan and manage services.

Patients were encouraged to leave feedback using a patients' satisfaction questionnaire which was sent to them electronically after their assessment. Patient feedback was reviewed at managers' meetings. However, actions from feedback and complaints were reactive and limited to responses to individual concerns. Managers did not engage directly with patients to find out what they wanted from their complaint and how services could be improved.

One member of staff told us if a patient gave feedback during their assessment, they would communicate this with their field administrator during their one to one or appraisal. However, they were not given further information on the progress of the feedback or whether any changes had been made as a result. The provider contacted us after the inspection with an example of positive feedback being shared with staff on a date following our inspection.

There was no system to invite staff to give feedback to help improve services. A staff survey carried out in January and February 2022 was limited to questions about the role and efficacy of the field administrator. Staff feedback was that they received good support from their field administrator and they appreciated the daily check-in calls.

Evidence submitted after the inspection identified the provider carried out market development customer focus group in the three months prior to our inspection.

Learning, continuous improvement and innovation

Staff were committed to improving services. They had limited understanding of quality improvement methods. Leaders encouraged corporate innovation.

After the inspection the provider submitted evidence of a quality management system. However, this did not include any patient focused or clinical quality improvement audits, with the exception of the spill rate audit.

There was a focus on expansion of corporate services with a focus on business growth and expansion.