

Nuffield Health Reading Fitness and Wellbeing Centre

Quality 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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Nuffield Health Reading Fitness and Wellbeing Centre on 13 December 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Summary of findings

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

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.

Nuffield Health Reading Fitness and Wellbeing Centre provide health assessments that include a range of screening processes. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning.

We received eight completed CQC comment cards. All the completed cards indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional. Some patients commented how use of the service had helped them with their individual care needs. In addition, comment cards described the environment as pleasant, clean and tidy.

Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The doctor and physiologists were only trained to level one for child safeguarding.
- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the location learned from them and improved their processes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance, with the exception of mental capacity act guidance.
- The service had a programme of ongoing quality improvement activity.
- Feedback from patients about the care and treatment they received was positive.

- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Systems were in place to protect personal information about patients. However, we noted there were no established processes to verify patient identity.
- An induction programme was in place for all staff and staff received specific induction training prior to treating patients.
- Staff were well supported with training and professional development opportunities. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The service encouraged and acted on feedback from both patients and staff. Patient survey information we reviewed showed that people who used the service had given positive feedback about their experience.
- The practice had a clear vision to provide a safe and high quality service. And there was a clear leadership and staff structure. Staff understood their roles and responsibilities.
- There were clinical governance systems and processes in place to ensure the quality of service provision. Staff had access to all standard operating procedures and policies.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review the system for monitoring actions from patient safety alerts.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The clinic had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- Clinical staff had received safeguarding training to level one for child safeguarding and basic adult safeguarding training. All staff had access to local authority information if safeguarding referrals were necessary.
- There were no patient identity checks. Patients were asked to verify their name and date of birth but were not required to provide documents to demonstrate their identity.
- Risks to patients were assessed and well managed.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- The provider was aware of the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty.
- There was a system for receiving and disseminating safety alerts. We noted there was no process in place for following up on these to ensure actions had been taken.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- The service had a programme of ongoing quality improvement activity. For example there was a range of checks and audits in place to promote the effective running of the service.
- There were staff training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The service had arrangements in place to coordinate care and share information appropriately for example, when patients were referred to other services.

Summary of findings

- The service's web site contained information to help support patients to lead healthier lives, and information on healthy living was provided in consultations and in patient assessment reports.
- Consent to care and treatment was sought in line with the provider policy. All staff had received training on the Mental Capacity Act, although embedded knowledge was limited for one member of the clinical team.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- We did not speak to patients directly on the day of the inspection. However, we reviewed the latest survey information. This showed that patients were happy with the care and treatment they had received.
- We reviewed CQC comment cards and these contained very positive feedback about people's experiences of the service including; consultations, the quality of treatment, the environment, and the conduct and helpfulness of staff.
- Staff we spoke with demonstrated a patient centred approach to their work.
- Staff had been provided with training in equality, diversity and inclusion.

Are services responsive to people's needs?

We found that this service was providing responsive services in accordance with the relevant regulations.

- There was information available to patients to demonstrate how the service operated.
- Feedback from patients was that appointment availability was good and that they had received timely results and treatments.
- The premises were fully accessible and well equipped to meet people's needs.
- Information about how to complain was readily available to patients. The provider responded quickly to issues raised and made improvements in response to complaints and other patient feedback.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Summary of findings

- Governance processes had not identified a lack of awareness of mental capacity act guidance and the risks associated with not verifying patient identity.
- The provider had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There were good systems in place to govern the clinic and support the provision of good quality care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- Staff told us the provider encouraged a culture of openness and honesty.
- The provider actively encouraged patient feedback.
- There was evidence that staff could also feedback about the quality of the operating systems.
- Systems were in place to ensure that all patient information was stored securely and kept confidential.
- There was a focus on continuous learning, development and improvement linked to outcomes for patients.

Nuffield Health Reading Fitness and Wellbeing Centre

Detailed findings

Background to Nuffield Health Reading Fitness and Wellbeing Centre

Background

Nuffield Health Reading Fitness and Wellbeing Centre is registered with the Care Quality Commission to provide the regulated activities; Diagnostic and screening; and treatment of disease, disorder and injury.

Nuffield Health Reading Fitness and Wellbeing Centre provide health assessments to adults that include a range of testing and screening processes carried out by a physiologist and a doctor. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. Patients can also access physiotherapy at the clinic, but this part of the service was not inspected as part of this inspection.

Health assessments are delivered in a purpose built clinic located within the health and wellbeing centre. There is currently one doctor and two physiologists who work at the centre. Patients can choose to see a female or male staff member when booking in for health assessments and physiotherapy. In addition, patients can choose to be seen at one of the other nearby or wider health and wellbeing centres in the UK.

Health assessments are categorised and promoted as:

- A lifestyle health assessment, for patients wanting to reduce health risks.
- A female assessment, for all aspects of female health (including cervical smear testing).
- A 360 health assessment which includes a review of diabetes and heart health risks.
- A 360+ health assessment which focussed on cardiovascular health.
- Bespoke health assessments were also available for areas such as cancer and weight management.

The Clinic 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.

How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and asked the provider to send us information about the service.

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, including the clinic manager, a doctor, two physiologists and a duty manager.
- Looked at anonymised patient reports.

Detailed findings

- Made observations of the environment and infection control measures.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

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.

Why we inspected this service

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.

Are services safe?

Our findings

Safety systems and processes

The provider had clearly defined and embedded systems, processes and practices in place to keep patients safe. Safeguarding arrangements required review to ensure staff were suitably trained to the appropriate level.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff were required to undergo annual safeguarding training and staff interviewed demonstrated they understood their responsibilities regarding safeguarding. The general manager of the location was trained to level three child safeguarding and was the safeguarding lead, although they were not directly involved in clinic services with patients. The doctor and physiologists were trained to level one for child safeguarding.
- The premises were suitable for the service provided. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a range of health and safety related policies and procedures that were available to staff and kept under regular review. The provider had up to risk assessments for many areas of work and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were regularly checked to ensure they were working properly.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). (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).
- A chaperone service was available and we saw notices informing patients of this. All staff who acted as a chaperone had been trained and received a DBS check prior to commencing the role.

- All staff received induction training and regular refresher training in topics such as; health and safety, fire safety, infection control, basic life support and safeguarding. Regional clinical leads were available to offer support for doctor revalidation.
- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. There were infection prevention and control protocols in place and staff had received up to date training. Monthly infection control audits were carried out. These were reviewed quarterly and action was taken as a result of any identified shortfalls. Systems were in place to ensure clinical waste was appropriately disposed of.
- The clinic had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

There were enough staff, including clinical staff, to meet demand for the service. The doctor had recently reduced their working hours and the clinic had commenced recruitment processes for another doctor. The clinic had access to locum doctors to provide cover and provided a comprehensive induction for temporary staff. There were suitable indemnity arrangements for staff working in the clinic.

Clinic staff from across the organisation could be asked to work in another location to cover absence which was organised and overseen by the centralised Nuffield Health team.

There were processes in place for managing test results and a central referrals team dealt with any required referrals to other services following consultation with the patients.

Adequate arrangements were in place to respond to emergencies and major incidents.

- Staff received annual basic life support training
- The service held a supply of oxygen and a defibrillator.
- Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. Medicines were checked on a regular basis.

Are services safe?

- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Risk assessments had been carried out to identify areas of risk to patients and to ensure appropriate control measures were in place. Quality assurance protocols were in place and a variety of checks were carried out at regular intervals. These were recorded and formed part of a wider quality assurance process overseen by the provider.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant 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 advice and treatment plans.

Patients arranged health assessments through the Nuffield Health website or telephoning a dedicated telephone number. Contact details were taken including name and date of birth, but no formal identity checks took place. When a patient arrived for their assessment, they were asked for their name and date of birth to confirm these details correlated with the original contact information supplied. The service was provided for adults over 18 only and there was no provision for ensuring young people (for example, under 18 years of age) fit these criteria through an identity check. The provider had not considered the implications of fraudulent activity where unconfirmed identity checks may inhibit potential safeguarding referrals or escalation of criminal activity (such as modern day slavery or trafficking).

Safe and appropriate use of medicines

There were no medicines held on the premises (other than emergency medicines). There was no prescribing carried out at this location. If a health concern was identified as part of the assessment and screening process patients were referred on to other services for clinical input. These referrals were managed by a central team referred to as the 'Concierge team'.

Track record on safety

The location had a good safety record.

- There were comprehensive risk assessments in relation to safety issues, such as fire safety, utilities and building risk assessments.
- The clinic 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

A system was in place for reporting incidents through the provider's quality assurance process. Incidents were investigated and where any changes to practice were required these were logged and tracked on a quality improvement plan. The provider had a Quality and Safety Committee for oversight of all reported incidents. There had been eight serious events recorded at the clinic in the past 12 months.

- 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 location learned and shared lessons, identified themes and took action to improve safety in the clinic. For example, during a particularly hot day, the temperature in one of the clinical rooms was deemed unsafe to perform exercise electrocardiograph (ECG) testing. (Exercise ECG testing is a diagnostic test where a patient is attached to an ECG recording machine whilst exercising on a treadmill. Changes in heart rhythm and electrical activity are observed to identify potential cardiac problems). The clinic contacted patients who were due to be tested to advise them and offer an alternative date for testing to take place.
- There was a system for receiving and disseminating safety alerts including from the Medicines and Healthcare products Regulatory Agency (MHRA). The clinic manager received the alerts from the provider by email and had a reminder to check the provider intranet system weekly. During periods of absence, the emails were diverted to the general manager for review. We noted there was no process in place for following up on alerts to ensure actions had been taken.

Policies and procedures were in place to support the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty and that they felt confident to report incidents or concerns.

Are services effective?

(for example, treatment is effective)

Our findings

Effective assessment and treatment

The doctor assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. The clinic discussed client needs to ensure the most appropriate health checks were being undertaken for each individual. We saw evidence where a client requested a specific blood test for a second opinion as they disagreed with the results from their own GP. The doctor discussed the GP results and advised the client a repeat test was unnecessary for them. The patient was able to make an informed decision based on the discussion with the doctor.

When a patient needed referring for further examination, tests or treatments they were directed to an appropriate agency by a centrally managed referrals team.

Monitoring care and treatment

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 was monitored through observed practice. The outcome of the observations was used to inform the annual performance review for staff and for the formation of individual training plans.

As well as regular performance audits the doctor had undertaken a clinical audit to improve patient care. For example, the normal upper parameter for a blood test to determine muscle mass and kidney function had been lowered resulting in increased abnormal results. The doctor reviewed patient results and compared them with another blood test result which confirmed most patients did not require further testing or referral. Two patients were identified as having abnormal test results which required further intervention and onward referral.

Effective staffing

All staff had to complete induction training including basic life support, fire safety, health and safety, infection control, safeguarding, whistle blowing, information governance, equality and diversity, consent, mental capacity, managing stress and business ethics. Doctors were required to undertake this and additional induction and clinical related

training. All new staff underwent a probationary period and range of competency checks and their induction was formerly documented. Staff were required to update their training on a regular basis. The manager had a training matrix that identified the training staff had undergone and when training was due. All staff received regular performance reviews.

The provider had a clear staffing structure that included senior staff and regional clinical leads to support staff in all aspects of their role.

Many clinic staff worked regularly in other locations within the Nuffield Health organisation and were able to share experiences and learning across sites and promote best practice.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance.

A designated team made referrals to other services following consultation with the patient. All referrals were followed up to ensure the patient had been seen by any other services they had been referred to.

All clinical samples sent for testing externally were coded on the computer system. The system recognised if a result had not been received back through barcode recognition. This alerted the clinic staff to missing results so they could act promptly.

Supporting patients to live healthier lives

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.

Consent to care and treatment

There was clear information available with regards to the services provided and the cost of these.

Are services effective?

(for example, treatment is effective)

Not all staff understood and sought patients' consent to care and treatment in line with legislation and guidance. Embedded knowledge and understanding was limited with

one member of the clinical team. We saw evidence that all staff had received training on the Mental Capacity Act 2005, at three yearly intervals. The process for seeking consent was monitored through audits of patient records.

Are services caring?

Our findings

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. CQC comment cards were available for patients to complete prior to the inspection visit. We received eight completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring, professional, and friendly and treated them with dignity and respect.

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.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

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.

Involvement in decisions about care and treatment

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.

All staff had been provided with training in equality, diversity and inclusion. Information could be provided in a range of alternative formats and interpreter services were provided as required.

Privacy and Dignity

- 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The provider made it clear to the patient what services were offered and the limitations of the service were clear. Patients were offered bespoke assessments and the provider reviewed the most frequently requested health checks to monitor the services offered.

The provider offered consultations to anyone over 18 who requested and paid the appropriate fee, and did not discriminate against any client group. All staff had been provided with training in equality, diversity and inclusion.

Discussions with staff indicated that the service was person centred and flexible to accommodate people's needs. Individualised reports were provided to patients that were tailored to their particular needs. Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

Timely access to the service

Patients booked appointments through a central appointments management team. We saw feedback from patients that were positive about the booking process. Patients received the majority of results of their assessment and screening within an hour of having undergone the assessments.

Listening and learning from concerns and complaints

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.

- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year relating to the health assessments aspect of the service. We reviewed one complaint and found that the client had been responded to and satisfactorily handled in a timely way.
- The clinic learned lessons from individual concerns and complaints and also from analysis of trends. For example, clinic staff were reminded to explain the terms and conditions of use of the 30 day free gym pass to clients, following a complaint from a patient that the pass had expired before they had the opportunity to use it.
- Complaints were discussed at staff meetings. Although there were few complaints received we did see evidence that they had been shared and discussed as part of a rolling agenda at staff meetings.

Are services well-led?

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

Our findings

Leadership capacity and capability;

The service is provided by Nuffield Health and as such is part of a large organisation providing a range of healthcare services nationally.

The provider had a range of reporting mechanisms and quality assurance checks to ensure appropriate levels of capacity were available at this location.

Processes were in place to check on the suitability of and capability of staff in all roles. Staff in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with good training opportunities linked to their roles and responsibilities and professional development goals.

The clinic manager was actively involved in succession planning to ensure the service continued to operate at maximum efficiency. For example, a change of registered manager had been clarified and the appropriate paperwork submitted prior to the change due to take place in January 2018.

Vision and strategy

The provider had a clear vision to provide a high quality responsive service that put caring and patient safety as a priority. A business plan was in place and key performance indicators were in place linked to sustainability.

Culture

The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.

The provider had a whistleblowing policy in place and staff had been provided with training in whistleblowing. A whistle bower is someone who can raise concerns about the service or staff within the organisation.

An annual staff survey was carried out to seek feedback from staff. The results of this were collated and analysed to action improvements. Regular staff meetings were also

held where staff could suggest improvements to the service. For example, the clinic staff were not informed when a patient arrived for their assessment which caused a delay to their appointment. Staff suggested a process for informing them when patients arrived, which had been initiated.

Governance arrangements

There were clear provider led governance processes in place to identify and mitigate risk. However, there was a lack of embedded knowledge of mental capacity act guidance in a member of clinical staff.

There was a clear organisational structure and staff were aware of their roles and responsibilities. There was a range of service specific policies that were available to all staff. These were reviewed regularly and updated when necessary.

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. A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels.

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.

A designated 'Quality and Safety 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.

Managing risks, issues and performance

There were arrangements for identifying, recording and managing risks and for implementing mitigating actions. Risk assessments we viewed were comprehensive and had been reviewed.

There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.

Appropriate and accurate information

Are services well-led?

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

Systems were in place to ensure that all patient information was stored and kept confidential. However, there were no processes in place to verify client identity.

There were policies and IT systems in place to protect the storage and use of all patient information. Business contingency plans were in place which included minimising the risk of not being able to access or losing patient data.

Engagement with patients, the public, staff and external partners

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. The provider's system for analysing patient feedback provided a breakdown of patient experience of staff in different roles.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. The manager told us that the provider and staff at this location consistently sought ways to improve the service.

Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys.

The role of the physiologists was innovative and continuously developing. Training for this role had been developed in line with recognition of changing health needs, changes to care pathways and the provision of holistic care and treatment.

The provider was in the process of reviewing information technology systems across the organisation to improve the effectiveness of access to, and sharing of, patient information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care</p> <p>How the regulation was not being met:</p> <p>The provider had not reviewed the systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">• Knowledge of mental capacity act requirements was not embedded in all staff.• The provider did not have a process to verify patient identity. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>