

Nuffield Health

Nuffield Health - Farnham

Inspection report

Nuffield Health Fitness and Wellbeing
Centre-Farnham
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Overall summary

We carried out an announced comprehensive inspection on 19 July 2018 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.

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 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 Fitness and Wellbeing Centre Farnham is part of Nuffield Health, a not-for-profit healthcare provider. They provide health assessment that include a range of screening processes. Following an assessment and screening process, clients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. The health assessment clinic is based within the fitness centre. Clients seen in the centre are either private clients 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 service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. For example, physiotherapy, nutrition and lifestyle coaching do not fall within the regulated activities for which the location is registered with the

Summary of findings

CQC. Nuffield Health Fitness and Wellbeing Centre Farnham is registered with CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

The general manager of the fitness centre 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.

We last inspected Nuffield Health Fitness and Wellbeing Centre Farnham in November 2014. We found the clinic had met all the standards expected of them.

We received 11 completed CQC comment cards from service users. Feedback was very positive about the service delivered at the clinic.

Our key findings were:

- Health assessments were offered on a private, fee-paying basis to adults only.
- All health assessment rooms were well-organised and well-equipped.
- Clinicians regularly assessed clients according to appropriate guidance and standards, such as those issued by the National Institute for Health and Care Excellence.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Staff maintained the necessary skills and competence to support the needs of clients.
- There were effective systems in place to check all equipment had been serviced regularly, including blood screening equipment.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- The provider had an effective system for ensuring the identity of clients who attended the service.
- Risks to clients were well-managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Clients were provided with information about their health and received advice and guidance to support them to live healthier lives.
- Information about how to complain was available and easy to understand.
- Systems and risk assessments were in place to deal with medical emergencies and staff were trained in basic life support.

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

- Review the content of emergency medicines held on site.

Summary of findings

The five questions we ask about services 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 service had systems, processes and risk assessments in place to keep staff and clients safe.
- Staff had received safeguarding training appropriate to their role.
- Staff had the information they needed to provide safe care and treatment, and shared information as appropriate with other services.
- The service had a good track record on safety.
- The staffing levels were appropriate for the provision of care provided.
- We found the equipment and premises were well-maintained with a planned programme of maintenance.
- There was no prescribing of medicines and no medicines were held on the premises with the exception of medicines to deal with a medical emergency.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Clients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported clients to be involved in monitoring and managing their health.
- The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness of the care provided.

Are services caring?

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

- We did not speak to clients directly on the day of inspection. However, we received 11 comment cards. Comments showed that clients were pleased with the care they had received at the clinic.
- The service treated clients courteously and ensured that their dignity was respected.
- The service involved clients fully in decisions about their care and provided comprehensive reports detailing the outcome of their health assessment.
- Information for clients, including available packages of care and the associated costs, were available prior to appointments.
- We found the staff we spoke to were knowledgeable and enthusiastic about their work.
- The service had a system for confirming the identification of clients at the start of every health assessment.

Are services responsive to people's needs?

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

- The service proactively sought client feedback and identified and resolved any concerns that were identified.
- There was an accessible complaints system. Information was available in both the waiting area of the service and on the organisation's website.
- The service was responsive to clients' needs and clients could contact the service to discuss the results of their health assessment further if required.

Summary of findings

- The service had good facilities and was well-equipped to meet the needs of the clients.
 - The service was able to accommodate clients with a disability or impaired mobility. All patients were seen on the ground floor of the premises.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment.
 - The service had access to a suite of policies, and systems and processes were in place to identify and manage risks and to support good governance.
 - The service actively engaged with staff and clients to support and promote improvement.
 - Regular staff meetings took place and these were comprehensively minuted then cascaded to all staff.
 - There was a management structure in place and staff understood their responsibilities.
 - The culture within the service was open and transparent.
 - Staff told us they felt well supported and could raise any concerns with the provider or members of the management team.
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Nuffield Health - Farnham

Detailed findings

Background to this inspection

Nuffield Health Fitness and Wellbeing Centre Farnham 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 well-being. Following the assessment and screening process, clients undergo a consultation with a doctor to discuss the findings of the results and discuss any required treatment planning. Clients are provided with a comprehensive report detailing the findings of the assessment. A report will include advice and guidance on how the client can improve their health as well as information to support clients to live healthier lifestyles. Health assessment clients are also provided with a free 30-day pass for the fitness centre. The clinic can also refer to an on-site nutritionist and physiotherapist.

Nuffield Health Fitness and Wellbeing Centre Farnham is located at: Weybourne Road, Farnham, Surrey, GU9 9EL.

The core opening hours for health assessments at the centre are Mondays and Fridays 8.30am-4.30pm and Tuesdays-Thursdays 8.00am-4.00pm.

The staff team at the clinic consists of two health assessment doctors who cover the five-day service between them, and three physiologists, one of whom is also the clinic manager. (A physiologist is a graduate in exercise, nutrition and health sciences, and are full professional members of the Royal Society for Public

Health (RSPH)). Physiologists are trained to carry out health assessment, give advice and motivate lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management.

We carried an announced comprehensive inspection at Nuffield Health Fitness and Well-being Centre on 19 July 2018. Our inspection team was led by a CQC Lead inspector. The inspection team included a GP Specialist Advisor.

Prior to the inspection, we reviewed a range of information we hold about the service, such as the last inspection report from December 2014, any notifications received, and the information provided from the pre-inspection information request.

During our visit:

- We spoke with the centre manager, a health assessment doctor, two physiologists, one of whom is also the clinic manager, the Regional Clinical Lead, and a member of the centre's reception team.
- We looked at equipment and rooms used for providing health assessments.
- We reviewed records and documents.

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

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

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

Are services safe?

Our findings

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

Safety systems and processes

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

- The service had a suite of safety policies including adult safeguarding policies which were regularly reviewed and communicated to staff. Although the service did not provide health assessments to clients under the age of 18 years, the service had access to a child safeguarding policy to safeguard any child that might attend the premises. Staff received safety information for the clinic as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- The provider had an overarching lead professional as the safeguarding lead.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Information in the clinic waiting area advised clients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- There was an effective system to manage infection prevention and control. We saw evidence of a corporate policy regarding Nuffield Health's infection prevention and control measures used by the service.

- Daily checks were completed in each assessment room for cleanliness which included equipment. We saw the laboratory, where blood tests were undertaken, had its own programme for cleaning and monitoring infection control.
- A monthly infection prevention compliance audit was undertaken by the clinic manager to ensure compliance with Nuffield Health's infection prevention and control standards.
- There were systems for safely managing healthcare waste.
- The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. The provider had implemented a 'Central Tracker' system whereby staffing levels throughout the whole organisation were monitored. Any gaps due to sickness would be arranged by the Central Tracker system. Staff throughout the whole organisation were allocated for 'sickness cover' as their schedule allowed. These members of staff were then expected to travel to other Nuffield Health sites as required.
- There was an effective induction system for temporary staff tailored to their role. Locums, although rarely used at the clinic, were sourced from an external corporate company whose recruitment and induction processes were similar to the provider.
- The clinic was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The clinic had access to two defibrillators on the premises, one for the clinic and one for the fitness centre.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. There was an alarm pull-cord in all the health assessment rooms which alerted staff to any emergency.
- The fitness centre premises had up to date fire risk assessments and carried out regular fire drills.

Are services safe?

- 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 provided evidence of their most recent Legionella assessment, from May 2018.

Information to deliver safe care and treatment

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

- Clients completed a full health assessment questionnaire before attending their assessments.
- Assessments included areas such as checking for diabetes, heart health, nutrition and postural health. Most assessment results were available during the assessment and could be discussed in full with the client.
- Assessments were recorded on the clinic's electronic system. We found the electronic client record system was only accessible for staff with delegated authority which protected client confidentiality. We were told there was an off-site record back-up system that was managed centrally by Nuffield Health.
- Referrals could be made where necessary either to specialists within Nuffield Health or with the client's own GP. Referral letters included all the necessary information.
- We reviewed an anonymised report and found it contained relevant information recorded in a clear and structured manner.

Safe and appropriate use of medicines

- The service did not keep any medicines on the premises except for emergency medicines.
- The only emergency medicine found to be held on the premises was Adrenaline. (Adrenaline is most commonly used as a first line treatment for a cardiac arrest). We asked the service why additional emergency medicines, for example Aspirin or GTN spray, were not kept on the premises, in view of the service undertaking fitness tests that could lead to possible incidents of chest pain and other cardiac problems. The service informed us that this issue was under a national review with their central resuscitation team. In addition, the service produced a risk assessment that stipulated the local Accident and Emergency was less than one mile away with an estimated response time of four minutes.

- The arrangements for managing emergency medicines at the service kept patients safe (including obtaining, recording, handling, storing and security).

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The clinic monitored and reviewed activity on a regular basis. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw these were discussed at 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, when required, with follow-up action appropriately taken.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was an effective system and policy for recording and acting on significant events and incidents. Significant events were recorded on the clinic's computer system which all staff had received training to use. Significant events were appropriately handled and investigated to ensure any learning was disseminated. For example, a selection of electrocardiogram (ECG) results were lost when transferred to Nuffield Health's central location for further analysis. Upon investigation, the documents were found to have been transported by an external courier and appropriately logged at point of delivery, as per the service's protocol. However, the documents have not been seen since. The provider had recently changed their systems so that ECG results were no longer couriered. All records were now accessible to relevant staff electronically.
- Staff understood their duty to raise concerns and report incidents, including near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the service.

Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour. For example, clients affected by the loss of ECG results were contacted and apologised to. The provider offered

repeat ECGs to be completed, as well as health assessments for a relative to be completed. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clients completed an online self-assessment document which requested medical history information and included client consent. The online self-assessment created an individual confidential portal for each client where they could access their health assessment and results.
- We saw no evidence of discrimination when making care and treatment decisions.
- Assessments and screening were monitored using information from a range of sources, in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, the service used the NICE guidance for conducting exercise electrocardiograms.
- The service had systems in place to keep all clinical staff up to date with new guidance.
- Staff had access to best practice guidelines and used this information to deliver care and treatment that met clients' needs.
- The service was monitoring that these guidelines were adhered to through regular routine audits of client records and clinician performance.
- Staff used appropriate tools to assess the level of pain in clients when undertaking fitness tests or health assessments.

Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- All staff were actively involved in monitoring and improving quality and outcomes.
- Audits were carried to demonstrate quality improvement and all relevant staff were involved to improve care and clients' outcomes.

- We reviewed four audits, including quality assurance audits, and an audit for point of care testing (POCT) which included reviewing the maintenance of equipment and ensuring results were recorded onto the electronic system.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the service had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- 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 and held centrally. Staff were encouraged and given opportunities to develop, for example, clinical staff could access a yearly fund with which to pay for additional training courses to enhance continued professional development (CPD).
- Staff learning needs were identified through a system of meetings and appraisals which were linked to organisational development needs.
- Staff were supported through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The service shared relevant information with the client's permission with other services. For example, when referring clients to secondary health care or informing the client's own GP of any concerns.
- Nuffield Health had a 'concierge service' in place which helped guide clients through the process of accessing secondary care, including the tracking of referrals.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping clients to live healthier lives

Are services effective?

(for example, treatment is effective)

- The aims and objectives of the service were to support clients to live healthier lives. This was done through a process of assessment and screening as well as the provision of individually tailored advice and support to assist clients.
 - Each client 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.
 - Client reports also included fact sheets and links to direct clients to more detailed information on aspects of their health and lifestyle should they require it.
- Consent to care and treatment**
- The service obtained consent to care and treatment in line with legislation and guidance.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making, including the Mental Capacity Act 2005.
- The service did not provide services for children and young people below the age of 18 years.
 - We saw evidence of consent forms used to obtain written consent before undertaking procedures and specifically for sharing information with outside agencies, such as the patient's GP.
 - The clinic monitored the process for seeking consent appropriately. The process of seeking consent was demonstrated through records. We saw consent was recorded in the client's electronic record, in line with legislation and relevant national guidance.
 - Information about fees for the service provided by the service was transparent and available online prior to clients booking an appointment. Additional fees, for example for additional blood tests, were discussed prior to procedures being undertaken.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- During our inspection, we observed that members of staff were courteous and helpful to clients and treated them with dignity and respect.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave clients timely support and information.
- At the end of each consultation, clients were sent a survey asking for their feedback. Clients that had responded stated they were very satisfied with the service they had received.
- Staff were trained to provide motivational and emotional support to clients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.

Involvement in decisions about care and treatment

Staff helped clients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- The service could arrange for an interpreter to be on-site if a client indicated the need for one at point of booking.
- Clients could decide on the health assessment they wanted at point of booking and the service provided information on the different assessments and their costs.
- After their assessment, clients were provided with a report covering the results of their assessment and screening procedures, identifying areas where they could improve their health by lifestyle changes.

- The reports used several different methods to show assessment results and treatment options. For example, display charts, pictures and leaflets to demonstrate what different treatment options involved so that clients fully understood.
- Clients were encouraged to set and achieve specific and realistic objectives to address the results from their assessments.
- Any referrals to other services, including to their own GP, were discussed with clients and their consent was sought to refer them on.
- All staff had completed training in equality and diversity.
- The service reported they did not actively support carers. However, since the inspection they confirmed that the provider, Nuffield Health, has been engaging in discussions with local signposting services and local authorities to improve their awareness of clients that may also be carers.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of clients' dignity and respect, and the clinic complied with the General Data Protection Regulations (GDPR, 2018).
- All confidential information was stored securely on computers.
- Curtains were provided in assessment rooms to maintain clients' 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.
- We were told clients identified themselves to front of house staff by name only. Full confirmation of client identification was completed within the assessment room. At the start of a health assessment, we were informed that clients were asked to confirm their name and date of birth. If further assurance was required, clients were requested to provide photographic identification. This process was audited to ensure the identification process was being completed correctly at each health assessment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered care to meet clients' needs. It took account of client needs and preferences.

- The facilities and premises were appropriate for the services delivered. Assessment rooms were all on the ground floor. Clients had access into the centre via automatically opening doors. There were adequate toilet facilities, including toilet for people who were disabled. Staff ensured that nutritional snacks were available to clients after they had tests which required fasting.
- The service offered flexible opening hours and appointments to meet the needs of their clients.
- The service offered a range of health assessments for clients and we were informed that further bespoke health assessments were being reviewed.
- The service offered same day pathology results and most of these were available during the clients' assessment which could then be reviewed and discussed with the doctor.
- Clients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.
- The service ensured that adequate time was scheduled for client assessments and staff reported they had adequate time to complete the necessary administration work which followed.

Timely access to the service

- Appointments were available at varied times Monday to Friday and the length of the appointment was specific to the client and their needs.
- Clients booked appointments through a central appointments management team.
- Delays and cancellations were minimal and managed appropriately
- Clients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service.

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.

- The complaints policy and procedures were in line with recognised guidance. Staff were aware of how to handle formal and informal complaints from clients.
- Information about how to make a complaint or raise concerns was available in the waiting area and on the service's website.
- The service learned lessons from individual concerns and complaints, and from analysis of trends. It acted as a result to improve the quality of care. For example, extra training and support were arranged when the content of reports was identified as below the expected standard.
- We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the complaint.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services well-led?

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

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

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

- The service was part of a national organisation which had extensive governance and management systems. This provided a range of reporting mechanisms and quality assurance checks to ensure appropriate and high-quality care.
- Leaders at the service had the experience, capability and integrity to deliver the service's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us they felt well supported by management and that management were approachable and always took the time to listen to them.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider planned its services to meet the needs of their identified clientele.
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- 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. The provider had a whistleblowing policy in place and staff had been provided with training in whistleblowing.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The management of the service was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support of staff.
- There was a strong emphasis on the safety and well-being of all staff.
- The clinic actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The provider had been awarded ISO 9001 quality for their documentation and quality management systems. (ISO 9001 (2015) specifies the requirements for a quality management system when an organisation needs to demonstrate its ability to provide products and services that make statutory and regulatory requirements).
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The service had a number of policies and procedures in place to govern activity and these were available to all staff. All the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE).

Are services well-led?

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding, mental capacity and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, monitoring staff performance, including report writing and content, and quality checks and actively seeking feedback from clients.
- A range of meetings were held, including clinical meetings.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Risk assessments we saw 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.
- The provider had plans in place and had trained staff for major incidents.
- There was clear evidence of action to change practice to improve quality.
- The provider had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents and complaints.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- 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.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- A programme of audits ensured the service regularly monitored the quality of care and treatment provided

and made any changes necessary as a result. For example, we found client records and reports were audited for quality of content and to ensure appropriate referrals or actions were taken.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Meetings were held monthly where issues such as safeguarding, significant events and complaints were discussed. We saw comprehensive minutes taken from a random selection of these meetings. Outcomes and learning from the meetings were cascaded to staff.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from clients, the public and staff.

- After a health assessment, clients were asked to complete a survey about the service they had received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.
- The service also gathered feedback from staff through staff meetings, appraisals and formal and informal discussions.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice.
- The organisation made use of internal reviews of audits, incidents and complaints, and consistently sought ways to improve the service.
- The provider had recently changed their information technology and electronic record keeping software to improve the effectiveness of their systems.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions.