Nuffield Health

Nuffield Health Moorgate Fitness and Wellbeing Centre

Inspection report

Citypoint
1 Ropemaker Street
London EC2Y 9AW
Tel: 0203 393 8538
Website: www.nuffieldhealth.com/gyms/moorgate

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Overall summary

We carried out an announced comprehensive inspection on 17 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 Moorgate Fitness and Wellbeing Centre offers private GP appointments, travel health consultations and a range of health assessments to patients aged over 18 years. 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.

The location 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 and occupational health assessments do not fall within the regulated activities for which the location is registered with CQC.

We received nine 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 on how using the service had helped them

Summary of findings

with their individual care needs. In addition, comment cards described the environment as pleasant, clean and tidy. We spoke with two patients during the inspection, who were positive about the care and service they received.

Our key findings were:

- The provider 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.
- Staff assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment. Treatment was delivered in line with best practice guidance and appropriate medical records were maintained.
- 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 patients' personal information.
- Information about services and how to complain was available and easy to understand.
- An induction programme was in place for all staff and staff received induction training prior to treating patients.
- Staff were well-supported with training and professional development opportunities. They were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The provider 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.

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

- Review the arrangements in relation to monitoring the cold chain process for vaccines management.
- Review the system for undertaking multi-cycle clinical audits at the location.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 provider 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.
- All staff had received safeguarding training appropriate for their role, and had access to local authority information if safeguarding referrals were necessary. There was a safeguarding lead for the location, supported by the provider's national co-ordinator and a corporate advice team was available on a 24-hour basis.
- Staffing levels were appropriate for the provision of care provided.
- The provider was reviewing its emergency medicines stock, with a view to increasing the range available in line with current guidance.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- We found the equipment and premises were well maintained with a planned programme of maintenance.
- The cold chain process relating to ordering and receiving vaccines would benefit from review, as there was only one named staff member with responsibility and no arrangements to cover their absence.
- Appropriate recruitment procedures were in place to ensure staff were suitable for their role.
- The provider was aware of and complied with the requirements of the Duty of Candour, and encouraged a culture of openness and honesty.

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.
- 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.
- Consent to care and treatment was sought in line with the provider's policies. All staff had received training on the Mental Capacity Act.
- The provider 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. However, there was scope to review the programme of multi-cycle clinical audits at the location.

Are services caring?

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

- We spoke with two patients on the day of inspection and reviewed nine CQC comment cards which included feedback from patients about their experience of the service. All were positive about the service they received.
- The provider treated patients courteously and ensured that their dignity was respected.
- Patients were fully involved in decisions about their care and provided with reports detailing the outcome of their health assessment.
- Staff we spoke with demonstrated a patient-centred approach to their work.

Summary of findings

Are services responsive to people's needs?

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

- Feedback from patients was that appointment availability was good and that they had received timely results and treatments.
- Although most of the GPs at the location were female, patients could request a consultation with a male doctor and this would be accommodated by the provider.
- The premises were fully accessible and well-equipped to meet people's needs.
- The provider proactively asked for patient feedback and identified and resolved any concerns.
- There was an effective complaints system, with information available at the location and on the provider's website.

Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management.
- 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 practice and support the provision of good quality care and treatment.
- Staff we spoke to told us the provider encouraged a culture of openness and honesty.
- The provider actively encouraged patient and staff feedback.
- Systems were in place to ensure that all patient information was stored securely and kept confidential.

Nuffield Health Moorgate Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

The Nuffield Health Moorgate Fitness and Wellbeing Centre (the location) is operated by Nuffield Health (the provider) at Citypoint, 1 Ropemaker Street London EC2Y 9AW. The provider is registered with the Care Quality Commission to carry out various regulated activities at numerous locations across the country. The regulated activities relating to this location are Diagnostic and screening procedures and Treatment of disease, disorder and injury.

The location provides private GP services, health assessments and travel health consultations to patients over 18 years of age. The health assessments include 360 Health Assessments (comprehensive health reviews) and Lifestyle Health Assessments. The purpose of the health assessments is to provide patients with a comprehensive review of their health. They cover key health concerns such as weight, diabetes, heart health, cancer risk and emotional wellbeing, and may involve a number of screening and testing procedures. There is a small laboratory onsite to process tests. Following the assessment and screening process, patients have a consultation with a doctor to discuss the findings and to consider and plan for any required treatment. Patients receive a comprehensive report detailing the findings of the assessment. The report includes advice and guidance on how the patient can improve their health together with information to support healthier lifestyles. Any patients requiring further investigations or any additional support are referred to other services.

Appointments with GPs, which can be booked online or by phone, are available between 9.15 am and 5.15 pm Monday to Friday. Consultations are 15 minutes long. Same day appointments are sometimes available.

The clinical team consists of five female salaried doctors who work at the location part-time. The provider also has a clinical lead doctor, a male, who covers five locations in London and frequently does duty at Moorgate seeing patients. In the event that patients prefer their consultation to be with a male doctor, and the clinical lead is not available, a male doctor can be allocated from the provider's other locations or from its bank staff. Health assessments are carried out by a team of trained physiologists. Physiologists are full professional members of the Royal Society for Public

Health (RSPH) and are trained to carry out health assessments, give advice and motivate patients to make lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management. The location has a general manager, a clinic manager and a small team of administrators. Further corporate managerial and administrative support is operated from the provider's other offices.

We carried out an announced comprehensive inspection of the service on 17 July 2018. Our inspection team was comprised of a CQC Inspector and a GP Specialist Advisor. Before visiting, we reviewed a range of information we hold about the service, any notifications received, and the information given by the provider at our request prior to the inspection.

During our visit we:

Detailed findings

- Spoke with a range of staff including the clinical lead doctor, the general manager and clinic manager.
- Looked at the systems in place for running the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions are made.
- Spoke with two patients and reviewed nine CQC comment cards which included feedback from patients about their experience 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.

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 provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded them from abuse.

Appropriate 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 identity, references, proof of qualifications and registration with the appropriate professional bodies. In addition, Disclosure and Barring Service (DBS) checks were undertaken for all staff. 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.

The provider had a range of safety policies that were regularly reviewed and communicated to staff. Safety information was provided to staff as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All staff received appropriate safeguarding training, including the safeguarding lead and the doctors at the location to level 3, which reflected legislation and local requirements. The safeguarding lead was the general manager, a non-clinical member of staff, who worked closely with the provider's national safeguarding co-ordinator. The provider's systems allowed for staff to have 24-hour support and guidance available when safeguarding concerns were raised. We saw that safeguarding issues were discussed at monthly management meetings as a standing agenda item. The provider carried out staff checks on recruitment and on an ongoing basis, which included checks of professional registration and revalidation for GPs Doctors who practise medicine in the UK must go through a process of revalidation every five years in order to remain licenced to practice medicine. The process of revalidation is a review of evidence from their annual appraisals to ensure their skills are up-to-date and they remain fit to practise medicine.

Information in the waiting area and on the provider's website advised patients that staff were available to act as chaperones. All staff who acted as chaperones were trained for the role and had DBS checks. The provider's human resources computer system informed managers when further DBS checks were due.

There was an effective system to manage infection prevention and control (IPC), the relevant policy having been reviewed in November 2017. The cleaning policy was reviewed in June 2017 and there was a cleaning schedule in place, which covered non-clinical areas of the premises. Clinical staff were responsible for their own consultation rooms and daily monitoring checks were carried out in relation to each one, which included medical equipment. Managers carried out and recorded monthly checks. There were eight consultation rooms, but not all were in use. There were appropriate arrangements for the management of clinical waste. The curtains in the consultation rooms and the sharps bins were dated in accordance with requirements and guidance on sharps injuries was posted in the rooms. Medical instruments were single-use only. There was a sufficient supply of personal protective equipment such as masks, gloves and aprons. The provider maintained a central log of staff's Hepatitis B immunisation status. We saw the onsite test laboratory had a separate process for cleaning and monitoring appropriate to the work carried out. Staff had received appropriate IPC training. A risk assessment in respect of legionella, a bacterium which can infect water systems in buildings, was carried out in October 2018. Under the legionella management plan, water temperature was tested weekly and samples were taken for laboratory analysis on a monthly basis.

Risks to patients

Staffing levels were maintained to meet service demands. The service was not intended for use by patients requiring treatment for long term conditions or in emergencies. Patients requiring such care were referred to the own GPs or the NHS111 service.

The provider had arrangements in place to respond to emergencies and major incidents. There were push button alarms in all the consultation rooms to enable staff to summon assistance in the event of an emergency. In addition:

Are services safe?

- All staff received annual basic life support training and the doctors had been trained to intermediate level.
- There was a supply of oxygen and a defibrillator and we saw these were regularly checked with the monitoring being recorded.
- Emergency medicines were easily accessible to staff in a secure location known to all staff. The medicines were regularly checked – we saw records for the four weeks preceding the inspection - to ensure that the supplies remained in date and replenished as necessary. We checked these and noted that some which are recommended were not kept at the location. However, staff told us this was under review and we were shown evidence of the provider's corporate proposal to introduce a full range of emergency medicines at sites where GP services operated.
- There was a business continuity plan in place for incident, such as such as power failure or building damage, which made provision for the service to re-locate to nearby premises. The plan included contact phone numbers for staff in the event of an emergency. Copies of the plan were accessible off-site.

The premises were suitable for the service provided. A general health and safety risk assessment of the premises had been carried out in January 2018 and a fire risk assessment was done in April 2018. Fire drills were conducted every six months and the fire alarm was tested weekly. All staff had received annual fire awareness training and there were six trained fire marshals. Firefighting equipment had been inspected and certified in April 2018. All electrical equipment was checked to ensure that equipment was safe to use – we saw the next inspection was scheduled for September 2018 - and clinical equipment had been inspected and calibrated in January 2018, to ensure it remained in working order and accurate. Wiring at the location had been inspected in August 2017.

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 provider's patient record system. This included investigation and test results, health assessment reports and advice and treatment plans. The provider encouraged patients to share healthcare information with their GPs. The record system was only accessible to staff with delegated authority which protected patient confidentiality. There was an off-site record back up system.

Safe and appropriate use of medicines

Quality assurance systems included clinical oversight of all prescriptions. If a health concern was identified as part of the assessment and screening process patients were referred on to other services for clinical input. There were no medicines held on the premises, other than those to be used in emergencies, which were monitored and recorded on a weekly basis.

We checked the vaccines held at the location and confirmed these were all in date. The vaccines fridge temperature was monitored using the integrated thermometer to ensure it remained within the safe range. There was separate data logger, but staff told us the information it recorded was not routinely checked against the thermometer readings. There was only one named member of staff responsible for ordering and receiving vaccines, with no arrangements in place to cover their absence.

Track record on safety

The provider had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Incidents were investigated and learning points shared across the organisation, by various means including staff newsletters. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements. We also saw that safety incidents were discussed at meetings as standing agenda items.
- There was a system for receiving, reviewing and actioning safety alerts such as those issued by the Medicines and Healthcare products Regulatory Agency (MHRA). These were distributed to all clinicians by email and reviewed in regular clinical meetings. Staff showed several recent examples of the process, including one relating to urine testing strips. All pathology results were reviewed by the referring clinician and an accredited biomedical scientist with follow-up action taken, where appropriate.

Lessons learned and improvements made

Are services safe?

There was an effective system in place for reporting and recording significant events, using the provider's central computer system. There had been no significant events at the location in the last 12 months. However, we saw the provider carried out a thorough analysis of events at all locations and shared learning points with all staff, for example via newsletters. We saw that incidents were discussed at monthly meetings. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The provider was aware of and complied with the requirements of the Duty of Candour. We saw from recent meeting minutes that the duty had been reviewed and discussed by staff. 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

Clinicians assessed patients' needs and delivered care in line with relevant and current evidence-based guidance and standards, such as those issued by the National Institute for Health and Care Excellence (NICE). We saw that guidance was received centrally and passed to all staff. In addition, there was a detailed monthly review of consolidated guidance, with commentary and discussion points – we saw the April 2018 review, covering issues such as Lyme Disease, bipolar condition, neuropathic pain, depression and epilepsy. Staff reviewed patients' needs to ensure the most appropriate health checks were being undertaken for each individual.

When a patient needed a referral 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. Key performance indicators were in place for monitoring care and treatment and the quality of consultations with patients was monitored and assessed through observed practice.

Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. Nine audits had been carried out in the past 12 months, although most of these were single-cycle, yet to be repeated. Some had been conducted in accordance with clinical guidelines, such as those relating to antibiotic prescribing. We saw the results of one three-cycle audit reviewing eligible patients' documented consent to Human Papilloma Virus (HPV) testing, as part of cervical screening. The audit was conducted in October 2017 and May and July 2018 and showed that following the introduction of new health assessment recording software the documenting of consent had improved from 36% to 100%.

Effective staffing

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The provider 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. All staff were subject to a three-month probation period.

Staff rotas were prepared up to three months in advance, to ensure sufficient staffing levels were maintained. In emergencies, staff from other locations could be called in to cover unplanned absences and the provider had a bank of trained locum staff available.

We reviewed the in house training system and found staff had access to a variety of training, including e-learning training modules and in-house training. Staff were required to undertake mandatory training and this was monitored to ensure they were up-to-date. Staff had access to appropriate specialist training to meet their learning needs and to cover the scope of their work. 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.

Coordinating patient care and information sharing

Patients using the service were asked if the details of their healthcare could be shared with their registered GP. If patients agreed, we were told information was shared with their GPs in line with GMC guidance. This included, where relevant, any consultants' letters relating to their care.

Where patients needed to be referred to secondary health care, Nuffield Health had a designated team in place which guided patients through the process of accessing secondary care.

Supporting patients to live healthier lives

The primary aim and objective of the service was 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. Following assessment, each patient was provided with an individually tailored 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.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Staff sought patients consent to care and treatment in line with legislation and guidance. Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The services were not provided to children and young people.

The provider obtained written consent before undertaking procedures and specifically for sharing information with outside agencies such as the patient's GP. Information about fees was transparent and available online and in the patients' waiting area. We saw that consent was recorded in the patient record system and records audits were done to monitor the system following changes to recording software.

Are services caring?

Our findings

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

Kindness, respect and compassion

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

The feedback we received about patient experience of the service was positive. We spoke with two patients during the visit, who were happy with the service they received and that they were treated with dignity and respect by all staff. We also made CQC comment cards available for patients to complete prior to the inspection visit. We received nine completed comment cards, all of which were very positive and indicated that patients were treated with kindness and respect.

Staff we spoke with demonstrated a patient-centred approach to their work which reflected the feedback we received in the CQC comment cards. Following consultations, patients were sent a survey form requesting their feedback on the service. The feedback was collated and reviewed at monthly meetings against target scores and where necessary remedial action was taken. We were shown the results of feedback received over the past six months: 90 patients had provided feedback regarding doctors' consultations, of whom 95% were positive regarding the doctors' knowledge and manner and who felt their dignity was respected.

Involvement in decisions about care and treatment

Patients were provided with a report recording the results of their consultation, assessment and screening procedures. This identified areas where they could improve their overall health, for example by lifestyle changes. Any referrals to other services, including to their own GP, or to secondary healthcare providers, were discussed with patients and their consent was sought to refer them on. All staff had been provided with training in equality, diversity and inclusion.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the service complied with the Data Protection Act 1998. All confidential information was stored securely on computers. We saw that staff had reviewed the requirements of the European General Data Protection Regulation and relevant guidance prior to it coming into effect in May 2018 and were up-to-date with information governance training.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations so that conversations taking place inside could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider offered GP consultations and a range of health assessments for patients. There was a small on-site pathology laboratory, which was able to provide same day test results. Most results were processed straight away and were available during the patient's assessment visit, which enabled them to be reviewed and discussed with the doctor.

Discussions with staff showed that the service was person-centred and flexible to accommodate patient needs. Patients received personalised reports that were tailored to their particular needs. They were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

The premises were accessible and had facilities for patients with physical disabilities.

Timely access to the service

Patients booked appointments through a central system, either online or by phone. Appointments were available between 9.15 am and 5.15 pm, Monday to Friday. Staff advised that there was rarely any difficulty in providing appointments that met patients' needs, but if necessary it could offer patients alternative appointments at nearby locations. Patients 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

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 event. Information about how to make a complaint was available in the waiting area and on the provider's website. There was a designated staff member responsible for managing complaints and the policy contained appropriate timescales for responding to and investigating complaints. Information was provided on how patients might escalate their concerns to the Independent Health Care Advisory Service if they were not happy with how their complaint had been managed or with its outcome.

Complaints received in respect of all the provider's locations were logged centrally and monitored using the provider's quality assurance system. This meant that any themes or trends could be identified and lessons learned from complaints were shared with all staff. We saw that the matter was a standing agenda item for staff meetings.

Two complaints had been received relating to the location in the past 12 months. We saw they had been handled appropriately, that learning points had been identified and actioned and that the patients had been responded to in a timely and suitable way.

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 a well-led service in accordance with the relevant regulations.

Leadership capacity and capability;

The provider is a national organisation with extensive governance and management systems in place. These arrangements included a range of reporting mechanisms and quality assurance checks to ensure appropriate and high quality care. Processes were in place to check on the suitability and capability of staff in all roles.

There was a clear leadership structure and staff felt supported by management. Staff we spoke with told us management were approachable and always took the time to listen to them. Staff had been provided with good training opportunities linked to their roles, responsibilities and professional development goals.

Vision and strategy

The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. 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.

Culture

The provider had an open and transparent culture which encouraged candour, openness and honesty. 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, which had been reviewed in March 2017, and staff had been provided with appropriate training. A whistle blower is someone who can raise concerns about the service or staff within the organisation.

An annual survey was carried out to seek feedback from staff. The results of this were collated and analysed to action improvements. Regular staff meetings were held where staff could suggest improvements to the service.

Governance arrangements

There was a clear organisational structure and staff were aware of their roles and responsibilities. A range of service-specific policies and procedures were in place to govern activity. These were available to all staff via the shared computer system and were reviewed regularly and updated when necessary. When policies were revised, staff were informed and were required to confirm they had read them.

The provider held regular meetings including staff and clinical meetings; minutes were distributed to all staff, who were required to confirm they had been read. Systems were in place to monitor and support staff at all levels. This included having a system of key performance indicators, carrying out regular audits, risk assessments and quality checks and actively seeking feedback from patients.

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 and carrying out risk assessments.

Managing risks, issues and performance

There were clear and effective processes for managing risks, patient safety and service performance. The provider had a full range of policies and procedures in place to govern activity and these were accessible by to all staff. All of 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).

Risk assessments we viewed were comprehensive and had been reviewed within the last 12 months. There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor service performance and quality.

Appropriate and accurate information

Systems were in place to ensure that all patient information was securely stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all patient information. There was a business continuity plan (BCP) in place which included minimising the risk of not being able to access or losing patient data. Copies of the BCP were accessible off-site.

Engagement with patients, the public, staff and external partners

Patients were actively encouraged to provide feedback on the service they received. This included a facility to submit

Are services well-led?

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

comments on the provider's website. Following health assessments, patients were asked to complete a survey about the service they had received. This was continuously monitored and action would be taken where feedback indicted 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. We saw the collated results of this feedback for the past six months, which was generally positive.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within 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 had recently completed a phase of reviewing information technology systems across the organisation to improve the effectiveness of access to, and sharing of, patient information. Staff were scheduled to receive training within the next few weeks prior to implementation of the new system.