

Nuffield Health

# Nuffield Health Warwick Fitness and Wellbeing Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

### Overall summary

**This service is rated as Good overall.** (Previous inspection 27 March 2018).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Nuffield Health Warwick Fitness and Wellbeing Centre on 16 May 2019 as part of our inspection programme.

Nuffield Health Warwick Fitness and Wellbeing Centre is a purpose-built facility offering a full range of fitness and

# Summary of findings

wellbeing activities including physiotherapy, health assessments emotional wellbeing services, nutritional therapy, personal training, fitness suite, exercise classes, swimming pool, creche and café.

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

We received 14 completed CQC comment cards. Completed cards indicated that patients were treated with kindness, dignity and respect. Patients were consistently positive about the service and experience received. Staff were described as professional, knowledgeable, friendly and respectful. In addition, comment cards described the environment as relaxing, clean and tidy.

## **Our key findings were:**

- The service had clear systems in place to manage and mitigate risks so that safety incidents were less likely to happen. The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded them against abuse.
- There was evidence to support that staff assessed patients' needs and delivered care in line with relevant and current evidence-based guidelines and standards.
- The information needed to plan and deliver care and treatment was available to staff in a timely way. There was evidence to demonstrate that the service operated a safe, effective and timely referral process.

- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring that high quality care was delivered by the service.
- There was evidence of continuous quality improvement in line with key performance indicators. The service completed a number of clinical and non-clinical audits to assess performance and to ensure safe care was provided.
- Patients were treated with dignity and respect and were involved in decisions about their care and treatment.
- The service worked with local charities to support people with disabilities. The centre had established links with local schools to deliver health lessons.
- Members of staff we spoke with were positive about working at the service and the support from leaders. An induction programme was in place for staff specific to their role. There was a comprehensive training programme and professional development opportunities. Staff had 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. This vision was adopted locally within the service through an effective leadership team. Staff understood their roles and responsibilities.

## **Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

# Nuffield Health Warwick Fitness and Wellbeing Centre

## Detailed findings

## Background to this inspection

### Background to Nuffield Health Warwick Fitness and Wellbeing Centre

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

Our inspection was led by a CQC inspector with a GP Specialist Advisor.

The service is part of Nuffield Health UK health organisation, a trading charity which was established in 1957 and runs a network of 31 private hospitals, 112 fitness and wellbeing clubs, healthcare clinics and over 200 wellbeing services across the UK.

Nuffield Health Warwick Fitness and Wellbeing Centre is a purpose-built facility offering a range of fitness and wellbeing activities including physiotherapy, health assessments emotional wellbeing services, nutritional therapy, personal training, fitness suite, exercise classes, swimming pool, creche and café. Services are for those over 18 years of age with some activities open to children. Health assessments are not available to children; however, physiotherapy is offered for those under 18 years.

The service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all of the services it provides. There are some exceptions from regulations by CQC which relate to particular types of regulated activities and services and these are set out in schedule 1 and 2 of The Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. Nuffield Health Warwick Fitness and Wellbeing Centre provides a range of activities, for example exercise classes, swimming pool, creche and café which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. The service is registered with CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury in relation to the health assessment services offered.

Patients have access to the following range of health assessments:

- A lifestyle health assessment including physiology for patients wanting to reduce health risks and make lifestyle changes.
- A female assessment carried out by a GP which covers aspects of female health including cervical smear, pelvic examination, mammogram and cholesterol checks. Male specific testing includes testicular examination and prostate testing.
- A '360' health assessment which is an in-depth assessment of a patient's health and wellbeing and includes a review of diabetes and heart health risks.
- A '360+' health assessment which is the most in-depth assessment with an extra focus on cardiovascular health and analysis of metabolic syndrome risk.
- A Personalised Assessment for Tailored Health (PATH) which is a bespoke health assessment tailored to the needs of the patient.

The centre is open between 6.30am and 10pm Monday to Friday and between 8am and 8pm on weekends and bank holidays. Pre-booked health assessments are available Monday to Friday between 8am and 6pm. The team at Nuffield Health Warwick consists of a general manager, a

## Detailed findings

clinic manager, two health assessment GPs, three physiotherapists, one emotional wellbeing practitioner and one nutritional therapist. Various administrative, reception and fitness staff support the operating of the centre.

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 rated safe as Good because:**

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had comprehensive safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. All policies were accessible to staff and were aware of how to access safety policies. Staff received safety information from the service as part of their induction and refresher training.
- The provider ensured that facilities and equipment were safe and regularly maintained and audited. There were systems for safely managing healthcare waste.
- There was an effective system to manage infection prevention and control.
- Staff received safety information from the service as part of their induction and refresher training. The service provided evidence of training completed by staff which was effectively managed to ensure this was monitored and updated.
- The service had clearly defined systems and processes to safeguard children and vulnerable adults from abuse. All staff were required to complete annual safeguarding training and understood their safeguarding responsibilities. This was effectively monitored. The service could describe the safeguarding systems for the local area and could describe the action to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence of records in place for the safe recruitment which included a medical questionnaire and a check of staff immunity status.

- Information was available to advise patients that a chaperone service was available if required. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The last clinical audit was completed in April 2019, however in addition the provider produced evidence of cleaning schedules and standard operating procedures.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service had systems in place to ensure the service had adequate cover across sites, due to sickness and annual leave. There was a dedicated capacity management team to manage the rotas in the region to meet the demand. The team determined the appropriate staffing levels, however in addition staff were flexible in their approach.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were adequate arrangements in place to respond to emergencies and major incidents. During our inspection we saw that the service had a defibrillator and oxygen on-site. There were records in place to support that these were regularly checked to ensure they were fit for use. Emergency medicines were easily accessible to staff in a secure area and staff knew their location. The medicines were checked on a regular basis and records were kept to support this. Staff received

# Are services safe?

basic life support training and scenario training. There were also first aid kits and alarms were available in clinical rooms to summon assistance in the event of an emergency.

- All patients who completed an online health assessment questionnaire that indicated a risk for suicide, mental health or domestic violence was alerted to the national duty doctor team who contact the patient within one working day to assess risks and signpost to the appropriate services.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## Information to deliver safe care and treatment

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

- The service provided diagnostic and screening services for patients but did not provide treatment on site to patients. Where treatment was required, patients would be referred onwards to the most appropriate service.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had their own computerised system for managing care records.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care.
- National safety alerts were disseminated by the regional clinical leads. Each alert received was discussed and actioned as appropriate, Records were also maintained of alerts not applicable to their service as good practice.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- There were no medicines held on these premises, with the exception of emergency medicines to treat patients in the event of an emergency. There was no prescribing carried out at this location.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Staff were able to use a reporting system (Datix) which was available on all computers to record and act on significant events. The service learned, and shared lessons identified themes and took action to improve safety in the service. The service had not had any significant events or incidents in the past 12 months.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated effective as Good because:**

### Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Following health assessments patients were signposted to appropriate services and support through Nuffield Health's private services or from NHS services.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinicians were supported to keep up to date with current evidence-based practice through protected learning and clinical meetings. In addition to formal meetings, the service newsletter was used to refresh staff on specific guidelines.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of clinical and non-clinical audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- We saw examples of audits which were used to drive service improvement. For example, we saw a two-cycle audit of the cervical smear uptake of patients with an HPV positive result. The aim of the audit looked at how effective their recall system was. This resulted in robust systems being implemented nationally to ensure recalls was followed up to improve the quality of care.

- In addition to this the service regularly completed audits to determine the compliance with organisational policies and processes such as complaints, clinical waste audits and health and safety.
- Key performance indicators were in place for monitoring various aspects of quality including report turnaround times for patients, timeliness of pathology results and patient satisfaction rates. Evidence on the day of inspection confirmed that the service was meeting their performance standards in all areas.

### Effective staffing

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

- All staff were appropriately qualified. The provider had a centralised induction programme for all newly appointed staff.
- All staff had completed an appraisal within the last twelve months.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service supported physiologists to obtain level seven Advanced Professional Diploma in Health and Wellbeing Physiology.

### Coordinating patient care and information sharing

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, where patients required an onward referral, the service had systems in place to ensure this referral was made as promptly as possible whilst considering the patients' preferences.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.



# Are services effective?

(for example, treatment is effective)

- The service offered on-site testing for various testing and screening procedures for example, full blood count, kidney function and cholesterol tests. There were adequate arrangements in place for laboratory tests as well as transporting samples for any off-site testing.
- There was a process in place to ensure all tests results were received in a timely manner. There was a 14-day turnaround time for the completion of health assessment reports. This acted as an additional failsafe mechanism to ensure results were received and reviewed for each test carried out.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider supported charity groups for long term conditions and disabilities. For example, the service had developed a national accredited cystic fibrosis exercise programme for young people to enjoy the benefits of taking part in exercise and seeking to maintain or improve their lung function.
- The provider engaged with local companies and schools to deliver presentations and a six-week programme on health topics important to them.

## Consent to care and treatment

### The service obtained consent to care and treatment in line with legislation and guidance.

## Supporting patients to live healthier lives

### Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care. Following each health assessment, patients were entitled to a 10-day pass to use the other facilities in the fitness and wellbeing centre such as the gymnasium or swimming pool to work on goals identified during their health assessment (such as weight loss or strength gain).
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

### **We rated caring as Good because:**

#### **Kindness, respect and compassion**

##### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people.
- We received 14 CQC patient comment cards, all of which were positive about the service including specific references and examples of how the staff treated them well.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

#### **Involvement in decisions about care and treatment**

##### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Results from the providers most recent survey showed that respondents felt more confident and engaged with managing their health and 83% of patients left with clear and realistic action points.

#### **Privacy and Dignity**

##### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The health assessments were provided in an area separate to other facilities in the service and this included a separate waiting area.
- Results from the providers most recent survey showed 100% of respondents felt that their dignity was respected during examination.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

#### Responding to and meeting people's needs

#### The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider had recently introduced personalised assessments for tailored health (PATH) and patients were asked to complete a health risk questionnaire to determine the most suitable health assessment for the patient.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had supported patients and their carers with cystic fibrosis to use the services at the fitness and wellbeing centre to improve their health and wellbeing.
- The provider had undertaken a number of research and pilot projects with universities to evaluate the effectiveness of long term supported exercise programmes on the quality of life and side effects. For example, they had piloted a 12-week programme to support patients with knee and hip pain. Patients were provided with educational sessions on the importance of exercise, pain management and weight loss to manage their condition.

#### Timely access to the service

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

- The fitness and wellbeing centre was open from 6.30am and 10pm Monday to Friday and between 8am and 8pm on weekend and bank holidays. Pre-booked health

assessments were available Monday to Friday between 8am and 6pm. In addition, patients were able to access health assessments at any of the Nuffield Health locations.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Most of the tests conducted during the health assessment were completed on-site and results were provided to patients the same day. Some tests were completed at external locations and results were provided to the patient as soon as possible.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could access health assessment services over the telephone through a centralised booking system with a call back facility available. Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

#### Listening and learning from concerns and complaints

#### The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- Staff were able to use a reporting system (Datix) to record and act on complaints. Each complaint was graded, and the service reviewed the key themes.
- The service had received two complaints in the last 12 months. We reviewed both complaints and found they were handled appropriately and in a timely manner.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good because:**

### **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Leaders regularly engaged with other leaders in the organisation to share best practice and monitor performance.

### **Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The providers was committed to building a healthier nation and to use their expertise to address areas where society's healthcare needs are not being met. For example, it supported local charities and provided free sessions in schools as part of their national programme.
- The providers values framework was 'CARE': Connected, Aspirational, Responsive, Ethical.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

### **Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.

- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. We saw evidence of performance management processes and procedures.
- 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 to told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an appraisal in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. The clinical staff, including physiologists, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The service provided complimentary services to members of staff which included a range of free health assessments, free gym membership, staff vouchers and discounts to various friends and family services provided by the organisation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Members of staff who we spoke to told us there was a positive and open culture and all staff worked together.

### **Governance arrangements**

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

- Structures, processes and systems to support good governance and management were clearly set out,

# Are services well-led?

Good 

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## 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. For example, patients who completed an electronic health questionnaire that indicated risk of suicide or domestic abuse were alerted to the national duty doctor team who contact the patient within one working day to assess risks and signpost to the appropriate services.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used 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 areas requiring improvement.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

### The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Performance was monitored at a local, regional and national level with the Nuffield Health Warwick Fitness and Wellbeing Centre consistently performing highly for client satisfaction levels across all services.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The provider held regular team meetings and staff were involved in regular updates and briefings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

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

# Are services well-led?

Good 

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, it had partnered with a

university to deliver a five-year research project to improve patient outcomes and the quality of life for men with prostate cancer through exercise-based treatment.