

Nuffield Health

Nuffield Health Fitness & Wellbeing

Inspection report

2 Sheldon Square,
Paddington Central,
London,
W2 6EZ

Tel: 020 7289 4686

Website: www.nuffieldhealth.com

Date of inspection visit: 3 May 2018

Date of publication: 07/08/2018

Overall summary

We carried out an announced comprehensive inspection on 3 May 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 & Wellbeing is part of Nuffield Health a not-for-profit healthcare provider. The clinic located in Paddington provides a variety of health assessments for both corporate and private clients offered on a fee paying basis to adults only.

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 and lifestyle coaching do not fall within the regulated activities for which the location is registered with CQC.

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.

Summary of findings

We obtained 19 completed Care Quality Commission comment cards. Feedback was very positive about the service provided and the professionalism and friendliness of the staff. We did not speak with any patients during the inspection.

Our key findings were:

- There was an open and transparent approach to safety with effective systems in place for reporting and recording incidents.
- There were systems in place to check all equipment had been serviced regularly, including blood screening equipment.
- There were clearly defined and embedded systems to minimise risks to patient safety and risks to patients were well managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Staff were kind, caring, competent and put patients at their ease.
- Information about services and how to complain was available and easy to understand and improvements were made to the quality of care and treatment as a result of complaints and concerns.
- The service had good facilities and equipment to treat patients and meet their needs. All health assessment rooms were well organised and equipped.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

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 patients safe.
- 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 of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.
- 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 except for 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness 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 patients directly on the day of the inspection. However, we received 19 comment cards. Comments showed that patients were happy with the care and treatment they had received.
- The service treated patients courteously and ensured that their privacy dignity was respected.
- The service involved patients fully in decisions about their care and provided reports detailing the outcome of their health assessment.
- Information to patients was available in relation to the different levels of health checks available which included the cost, prior to the appointment.
- We found the staff we spoke with were fully committed to patient-centred care.

Are services responsive to people's needs?

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

- The service was responsive to patient needs and patients could contact individual doctors to further discuss results of their health assessment.
- The service proactively asked for patient feedback and identified and resolved any concerns.
- There was an accessible complaints system. Information was available in both in the waiting area of the clinic and on the organisation's website. Learning from complaints was shared with staff to improve practice.

Summary of findings

- All channels for patient feedback were closely monitored and responded to.
 - The clinic had good facilities and was well equipped to meet the needs of the patient.
 - The clinic was able to accommodate patients with a disability or impaired mobility. There was access via a lift to the clinic area.
-

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 a suite of policies and systems and processes in place to identify and manage risks and to support good governance.
 - Staff told us they felt well supported and could raise any concerns with the provider or the service managers.
 - The service actively engaged with staff and patients to support improvement. There was a focus on continuous learning and improvement at all levels.
 - Regular staff team meetings took place and these were recorded.
 - There was a management structure in place and staff understood their responsibilities.
 - The culture within the clinic was open and transparent. There were systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
-

Nuffield Health Fitness & Wellbeing

Detailed findings

Background to this inspection

Nuffield Health Fitness & Wellbeing is part of Nuffield Health a not-for-profit healthcare provider. The clinic located in Paddington provides a variety of health assessments 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 wellbeing. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and discuss any required treatment planning. Patients are provided with a comprehensive report detailing the findings of the assessment. The reports include advice and guidance on how the patient can improve their health and they include information to support patients 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 on-site nutritionists and physiotherapists.

The clinic address is:

2 Sheldon Square, Paddington Central, London, W2 6EZ

The core opening hours for health assessments at the clinic are Monday to Friday 8.30am-5.30pm.

The clinic has a Clinic Manager who reports into the General Manager. The clinic is run by a team of Health Assessment Doctors and Health and Wellbeing Physiologists. Physiologists are graduates in exercise, nutrition and health sciences, and are full professional

members of the Royal Society for Public Health (RSPH). They are trained to carry out health assessments, give advice and motivate lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management.

We carried out an announced comprehensive inspection at Nuffield Health Fitness & Wellbeing on 3 May 2018.

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. Prior to the inspection we reviewed the last inspection report from June 2014, any notifications received, and the information provided from a pre-inspection information request.

During our visit we:

- Spoke with the centre manager, two health assessment doctors (Including the lead doctor), the lead physiologist and the clinic manager who is also trained as a physiologist.
- Looked at equipment and rooms used when providing health assessments.
- Reviewed records and documents.

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

Safety systems and processes

The clinic had clear systems to keep patients safe and safeguarded from abuse.

The clinic conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. The clinic 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. Staff we spoke with understood their responsibilities regarding safeguarding. Whilst the clinic did not provide services to children and young adults all staff had received appropriate training in safeguarding of both children and vulnerable adults. The provider had an overarching lead professional as the safeguarding lead.

All the doctors were registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice. None of the doctors provided specialist care which required registration on the UK specialist register to provide this. All the doctors had professional indemnity insurance that covered the scope of their practice.

All the doctors had a current responsible officer. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practice). They were following the required appraisal and revalidation processes.

We saw from five personnel records we reviewed the provider carried out appropriate staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff seeing clients. 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. Locum staff were also subject pre-employment checks by the locum agency and the agency carried out ongoing compliance checks in this respect.

There was regionalised capacity management support and appropriate staff were on site to meet patient demand and ensure safe staffing levels.

Information in the clinic waiting area advised patients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check. We saw from a sample of client records examples of where they had been offered a chaperone. This was also checked as part of regular audits of client consultation notes.

There was an effective system to manage infection prevention and control. Daily checks were completed in each assessment room for cleanliness which included equipment. The pathology laboratory, where the testing took place, had its own programme for cleaning and monitoring for infection control. The clinic had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. Completion of the schedule was regularly audited and areas for improvement identified and actioned. We saw the report of the comprehensive annual audit completed in August 2017 and a monthly audit completed in March 2018 which the provider submitted as pre-inspection evidence. An up to date risk assessment of the premises had been completed for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

The clinic ensured that facilities and equipment, including the pathology laboratory, were safe and that equipment was maintained according to manufacturers' instructions. Reagents used in the pathology laboratory were stored at the correct temperature and storage fridge temperatures were checked daily and appropriate records maintained. There were systems for safely managing healthcare waste including regular audit. We saw in pre-inspection evidence the departmental waste management audit completed in April 2018.

Risks to patients

The clinic had arrangements in place to respond to emergencies and major incidents. All staff had completed training in emergency resuscitation and life support which was updated yearly. There was an alarm pull cord in all the health assessment rooms which alerted staff to any emergency.

Are services safe?

Emergency medicines and equipment were easily accessible to staff in a secure area of the clinic and all staff knew of their location. The clinic had suitable emergency resuscitation equipment including an automatic external defibrillator (AED) and oxygen. The clinic also had medicines for use in an emergency. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

The clinic had up to date fire risk assessments and carried out regular fire drills. 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 had a business continuity plan in place to show they had risk assessed and put in place mitigating actions to ensure the continuity of services and patient and staff safety in the event of a major incident such as power failure or building damage.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. There was an ongoing project to improve communication between the service's information technology systems.

Patients completed a full on-line health assessment questionnaire before attending their assessment. Assessments included areas such as checking for diabetes, heart health, nutritional and postural health, and male and female health. Most assessments results were available during the assessment and could be discussed in full with the patient. Referrals could be made where necessary either to specialists or with the patient's own GP. A doctor ensured a formal handover letter was sent with any patient referred. Referral letters included all the necessary information. Patients received a full report of their assessment with all test results. All abnormal results were reviewed by a doctor and referred onwards as appropriate. The regional clinical lead doctor completed a monthly abnormal results review.

Assessments were recorded on the clinics electronic system. We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was an off site record back up system. The provider had achieved the ISO 9001 quality mark for its documentation.

Safe and appropriate use of medicines

The service did not keep any medicines on the premises except for emergency medicines. The arrangements for managing emergency medicines in the clinic kept patients safe (including obtaining, recording, handling, storing and security).

Track record on safety

The clinic 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. Reports were produced in order to reflect on the findings. This helped 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 with follow-up action appropriately taken. In March 2018 the clinic had achieved a 97% turnaround time for results within a 90 minute corporate target.

Lessons learned and improvements made

There was an effective system in place for reporting and recording significant events. Significant events were recorded on the clinics computer system which all staff had received training to use. The clinic carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at monthly meetings. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared nationally to make sure action was taken to improve safety in the clinic.

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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Patients completed an online self-assessment document which requested medical history information and included patient consent. The online self-assessment created an individual confidential portal for each patient where they could access their health assessment and results. Assessments and screening were monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. For example, the clinic had used the NICE guidance for the management of prostate specific antigen (PSA) test results and abnormal urine dipstick tests. The clinic had systems in place to keep all clinical staff up to date with new guidance, for example through access to the providers 'extranet' computer system and monthly NICE guidance newsletters. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patient's needs. The organisation monitored that these guidelines were adhered to through routine audits of patient's records.

Monitoring care and treatment

The provider reviewed the effectiveness and appropriateness of the care provided. All staff were actively engaged in monitoring and improving quality and outcomes. Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. There was extensive and detailed audit of individual consultations including recording of information; quality of advice given; handling of abnormal results; and quality of feedback to patients and their NHS GP. We reviewed five audits including a physiology quality and safety audit; an audit of pathology turnaround times; a central site cleaning audit; a clinical waste management; 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 and providing evidence to show that POCT has been discussed at the clinic's most recent team meeting.

Effective staffing

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The clinic 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.

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

Staff learning needs were identified through a system of meetings and appraisal which were linked to organisational development needs. Information from monthly audits of physiology staff including 'wellbeing scores, fed into staff appraisal. 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 who were due one had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The clinic shared relevant information, such as copies of notes concerning consultation and treatment, with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns. Nuffield Health had a 'concierge system' in place which guided patients through the process of accessing secondary care. We saw examples of appropriate summaries of significant findings from assessments that had been shared between doctors at the clinic and patients' NHS doctors.

Supporting patients to live healthier lives

The provider's mission as set out in its statement of purpose is to support, enable and encourage people to improve their health and wellbeing in order to help them get the most out of life. This was done through a process of assessment and screening and the provision of individually tailored advice and support to assist patients. Each patient was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices. Reports also included fact sheets and links to direct patients to more detailed information on aspects of their health and lifestyle should they require this.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We found staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The clinic did not provide services for children and young people. We saw the clinic 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. The process for seeking consent was demonstrated through records. We saw consent was recorded in the patient record system and this was monitored through detailed audits of individual patient consultations. Appropriate checks were made to verify the identity of patients before any consultations or treatment commenced.

Are services caring?

Our findings

Kindness, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. At the end of every consultation, patients were sent a survey asking for their specific feedback on the assessment, the clinic and the staff specifically involved in their care. Monthly reports were made of customer satisfaction levels based on feedback received and areas for improvement were identified. We saw the March 2018 report for the clinic which showed an overall satisfaction score of 87%. An area for improvement based on a small number of adverse comments included the appearance of the clinic. Action was put in hand to address this by checking the tidiness of the reception areas between patients. Staff were trained in providing motivational and emotional support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.

Involvement in decisions about care and treatment

Private patients could decide on the health assessment they wanted and the service provided information on the different assessments and their costs. The nature of assessments was that each individual product was personalised to the individual patient. After the assessment

patients were provided with a report covering the results of the assessment and screening procedures and identifying areas where they could improve their health by lifestyle changes. Reports used a number of different methods to show assessment results and treatment options. This included display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. Patients were encouraged to set and achieve specific and realistic objectives to address results from their assessment. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on. All staff had been provided with training in equality, diversity and inclusion.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the clinic complied with the Data Protection Act 1998. All confidential information was stored securely on computers. When staff moved away from their workstations they ensured their computers were locked.

Curtains were provided in assessment rooms to maintain patients' 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic offered flexible opening hours and appointments to meet the needs of their patients. The clinic offered a choice of four of health assessments for patients and we were informed that the service was moving to further bespoke health assessments, tailored to individual patients. The clinic offered same day pathology results and most of these were available during the patients' assessment which could then be reviewed and discussed with the doctor. Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices. Staff reported the clinic ensured that adequate time was scheduled for patient assessments and for staff to complete the necessary administration work which followed.

The facilities and premises were appropriate for the services delivered. Assessment rooms were all on the floor below ground level. Patients had access into the centre via automatically opening doors. There was also access from street level via a lift, including wheelchair access. There were adequate toilet facilities including toilets for people who were disabled. Shower facilities were also available. The clinic had its own reception area, separate to the main reception, which was comfortable, private and had drinks and fruit available for patients.

Timely access to the service

Appointments were available at varied times Monday to Friday and the time and length of appointment was specific to the patient and their needs. Patients booked appointments through a central appointments management team. If patients had a particular request, for example a female doctor, the team ensured this information was passed to the clinic. 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

The clinic took complaints and concerns seriously and responded to them appropriately to improve the quality of care. There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the clinic waiting area and on the clinic website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint.

We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with feedback and lessons learned discussed with staff at team meetings. In the last year the clinic had received two formal complaints. Examples of changes made as a result of complaints and negative feedback have included: more specific clinic training with the reception team and their interaction with clients/ patients when they arrive; improvements to the upkeep of the clinic; and the clinic was in the process of creating a 'clinic handbook' for patients/ clients in the waiting area.

Are services well-led?

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

Our findings

Leadership capacity and capability;

The clinic was part of a national organisation which had an extensive governance and management systems. This provided a range of reporting mechanisms and quality assurance checks to ensure appropriate and high quality care.

There was a clear leadership structure in place and staff felt supported by management. Staff told us management were approachable and always took the time to listen to them. They told us they felt well supported and appropriately trained and experienced to meet their responsibilities.

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. The provider's Statement of Purpose and mission statement were both framed and on display in the clinic waiting area. A values notice was on display in the main office of the clinic.

Culture

The culture of the service actively 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 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 been appraised in the last year. Staff told us the organisation supported them to maintain their clinical professional development through training and mentoring. The management of the clinic was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The organisation encouraged a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents.

Governance arrangements

Nuffield Health had been awarded ISO 9001 quality for their documentation and quality management systems.

There were clear responsibilities, roles and systems of accountability to support good governance and management. All staff had clear job descriptions and those we spoke with had a clear understanding of their roles. The structures, policies, processes and systems were clearly set out, understood and effective and the leadership assured themselves they were operating as intended. The clinic had many 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). 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 and quality checks and actively seeking feedback from patients. A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels. Regular central meetings were supported by newsletters sharing best practice, client feedback and lessons learned via the provider's quality and safety committee.

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 viewed were comprehensive and had been reviewed. There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service. The organisation had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, incidents, and complaints. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

Are services well-led?

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

The clinic acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Meetings were held monthly where issues such as safeguarding, significant events and complaints were discussed. Outcomes and learning from the meetings were cascaded to staff.

A programme of audits ensured the clinic regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, there were monthly audits of physiologists' quality and safety where the regional clinical lead physiologist reported to individual physiologists on their performance against a score card and patient feedback.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. After their health assessments patients 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. Results from the surveys were reported centrally, to the clinic, the relevant directors and to Nuffield Health Board. The clinic had also gathered feedback from staff through staff meetings, appraisals and discussion.

There were several opportunities for the involvement of staff in communications including a local newsletter; 'yammer' chat forum; a doctor update letter; an 'extranet' news feed and staff conferences.

The service ran regular 'Meet our Experts' events to which the local community were invited to meet the staff who provided health assessments and gain an understanding about the services provided.

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 service. The organisation made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service. For example, the clinic was subject to an unannounced internal review in October 2017 as there has been no registered manager at the clinic for a period due to staff turnover. The clinic was reviewed against CQC's new key lines of enquiry for inspection of independent healthcare and gaps identified as areas for improvement.

Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions. The provider was in the process of reviewing their information technology across the organisation to improve the effectiveness of and communication between their systems.