

Wellness @The Clinic

Inspection report

211-219
Leeds Road
Nelson
BB9 8EH
Tel: 07854544850

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		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.

Following our inspection on 5 July 2023 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 Wellness @The Clinic as part of our inspection programme, and to provide the service with a rating.

This 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 exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2014).

Wellness @The Clinic provides a range of services both within and outside the CQC scope of registration. The services within the scope of registration were inspected and these included the intravenous therapies service, where a range of different multi-vitamins infusions were administered, intramuscular injections administered to treat pain and a health condition such as hay fever and the removal of minor skin lesions by cryotherapy.

Services offered outside the scope of registration included types of 'wellbeing' holistic therapies, such as acupuncture, massage and beauty treatments. The service also offered ear syringing undertaken by an audiologist and non-therapeutic circumcision to boys under the age of six months, undertaken by a non-clinical practitioner. Both these services are exempt from regulation as they are provided by persons not listed within the HSCA 2014.

Dr Mohammad Y Arshad is a GP and the registered manager for the service. 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.

As part of our inspection methodology we request registered service providers to encourage their patients to share feedback directly with CQC. Before this inspection visit we received 18 'Feedback On Care' forms. All these feedback forms provided positive feedback regarding the service they received.

Our key findings were:

- The service provided care and treatment in a way that kept patients safe.

Overall summary

- The service offered a range of different services, many of which were not within the scope of CQC registration. Those services that were within CQC scope were offered on a private, fee-paying basis only and were accessible to patients who chose to use them.
- The provider's website, <https://wellnessattheclinic.com> offered comprehensive information about the different types of services they offered and included details of fees for each service. The website was in the process of being updated as the provider no longer offered slimming treatments.
- A comprehensive range of policies and procedures were available and these included safeguarding policies for adults and children, responding to a medical emergency, a recruitment policy and a business continuity policy.
- The service employed a small, stable staff team. Team members spoken with were aware of their own role and responsibilities and told us they felt supported. The GPs and other clinicians who worked at the service were appropriately trained for the range of regulated activities offered.
- Patient feedback was actively sought and where issues were identified changes made to improve service quality. The feedback we received directly and seen on the inspection visit was very positive.
- There were systems in place for identifying, acting on and learning from incidents, patient safety alerts and complaints.
- Governance arrangements and quality improvement activity were established and there were plans in place to expand the range of regulated activities to include phlebotomy and private GP services.

The areas where the provider **should** make improvements are:

- Update, as planned, the service's website to reflect the current ranges of clinical services offered.
- Facilitate or obtain evidence that nurses are trained to level 3 in safeguarding in accordance with the intercollegiate guidance.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Chief Inspector of Primary Medical Services

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Wellness @The Clinic

Wellness @ The Clinic is registered with the CQC as an independent healthcare service for regulated activities. The clinic is located at 211-219, Leeds Road, Nelson BB9 8EH.

The provider, Wellness @ The Clinic Ltd employs 2 GPs and 4 reception staff. Other clinicians working from the clinic are classed as self-employed. The provider offers a range of services that require a fee to be paid. At the time of this inspection those regulated activities within the scope of CQC registration included intravenous therapies and intramuscular injections. The service's website also referred to offering a slimming services the provider told us that this was no longer offered and that the website was currently being updated to reflect changes in the range of services offered at the clinic.

The service is located within an older stone fronted building that was previously owned by NHS Property Services. The clinic offered several consultation rooms on the ground floor. Two of these consultation rooms were dedicated clinical rooms where regulated activities were undertaken. This clinic location provided disabled access and offered adapted toileting facilities to support people with disabilities. The clinical rooms were spacious, comfortable and equipped to undertake procedures such as intravenous therapy or removal of skin lesions.

The service is registered with the CQC to provide the following regulated activities:

Surgical procedures

Treatment of disease, disorder and injury

Diagnostic and screening procedures.

The provider also offered some services that were outside the scope of CQC registration and these included offering a range of health care medicals, beauty therapies and health and wellbeing therapies.

The website for the clinic, <https://wellnessattheclinic.com> allows people to book appointments online or via the telephone. Wellness @The Clinic opening times are Monday to Friday 11am to 8pm and Saturdays 10 am until 6pm.

How we inspected this service:

As part of the inspection we reviewed some of the service's policies, procedures and other documentation and carried out a site visit to the location of the service where we spent time with the registered manager and the private GP.

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?

We rated safe as Good because:

There were systems to assess, monitor and manage risks to those patients using Wellness @The Clinic for the regulated activities undertaken. These included intravenous therapies and prescribed treatments requiring intramuscular injections.

Safety systems and processes

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

- The lead GP was the registered manager for the service and they ensured a range of safety risk assessments were available for patients, for clients using the beauty and spa services, for staff and for the building facilities. Systems were established to ensure these were audited and reviewed at regular intervals. Risk assessments were available and these were supported with a range of policies and procedures.
- Communications systems were established so that changes in procedures or gaps identified through monitoring of service delivery and quality were communicated quickly and effectively via an encrypted social media platform. This communication network included all employed staff, directors of the service and the self-employed doctors, nurses and non-clinical practitioners. The social media communication platform enabled staff to ask questions and seek immediate support as needed.
- Staff received safety information from the service as part of their induction and through annual refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- At the time of this inspection the service was not providing any regulated activities such as private GP services to children, however all GP clinicians were trained to the appropriate level to safeguard children. We noted 1 nurse, who was not a direct employee of the clinic was trained to level 2 in children's safeguarding and we discussed that nurses were now required to train to level 3.
- The lead GP also had good understanding around requirements to ensure that an adult accompanying a child for services at the clinic (should this be offered in the future), had the parental authority for this.
- The lead GP 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). All staff including those who were self-employed had an appropriate DBS check in place.
- There was an effective system to manage infection prevention and control and monthly audits were undertaken. Systems were established to ensure risks from Legionella were mitigated.
- Maintenance records and regular auditing showed checks were made to ensure 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 took into account 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.
- There was an effective induction system for new staff.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service had appropriate indemnity arrangements in place and each clinician and non-medical practitioner also had their own individual indemnity policies in place.
- The clinic had a 'Medical Emergency and Unwell patient' policy and an anaphylaxis medicine kit and oxygen was available in the event of a medical emergency.

Information to deliver safe care and treatment

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

- The service had invested in an online patient record management system. This allowed staff to send out relevant information to new and returning patients. Patients were also requested to provide a medical history with a list of their prescribed medicines. This information was then reviewed by the GP and discussed at the face to face consultation with the patient. The online patient record system also enabled patients to provide written consent to the agreed prescribed treatment. 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.
- Patient's wishes regarding informing their NHS GP of the prescribed treatments were respected and patients were advised and encouraged to inform their own GP of the private treatments they had received.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The service did not provide vaccinations or hold or prescribe controlled drugs. Medicines requiring refrigeration were not held by the service. Medicines prescribed by the service included a steroid to treat hay fever. This was a seasonal treatment and therefore stocks of this treatment were obtained in response to demand. Minimal stocks of this medicine were held at the clinic. Those available were within date and were stored securely.
- Other prescribed products used by the clinic included intravenous vitamin therapies and intravenous iron. These were administered under the direct supervision of the prescribing GP. The intravenous vitamin therapies were sourced from a well-known company that only allowed GPs to purchase their products once they had undergone the training they provided in the safe use of these products. For each of the vitamin therapies offered an information data sheet was available which detailed what the vitamin mixture contained, the benefits, contra-indications and possible side effects (if any).
- Throughout the intravenous vitamin treatment patients vital signs were monitored and at the end of their treatment patients were provided with aftercare instructions, which detailed the various short term side effects of some of the vitamin treatment and the actions to take in the event of these side effects. The completed form also logged the patient's blood pressure and pulse rate and was signed and dated by both the patient and the GP.
- The GP confirmed that intravenous iron was only prescribed to a patient if they provided six months' worth of blood test results that showed the patient was suffering with iron deficient anaemia.
- Most of the prescribed medicines offered by the service were in accordance with The National Institute for Health and Care Excellence (NICE) guidance. The lead GP demonstrated they monitored best practice guidance for the treatments they offered. For example the clinic offered a steroid joint injection for pain. In accordance with best practice guidance

Are services safe?

we heard that the GPs had reviewed the administration of this steroid joint injection for patients with diabetes as there were potential risks to these patients from this treatment. We heard that a person centred approach weighing up the potential risks against the benefits for each patient was undertaken. If the medicine was administered the patient was advised of the potential risk of poor glycaemic control for 2-4 days following treatment.

- We also discussed the use of a steroid medicine as a treatment for hay fever which was prescribed outside the current UK license. The GP who took the lead for this service told us that part of pre-assessment health check completed by the patient included information regarding any medicines prescribed by other health professionals. If a patient was already on a long term steroid medicine then the hay fever injection would not be administered. In addition, the GP advised that patients who were prescribed an acute steroid medicine on occasion were also assessed to understand the potential risks of additional steroid medicine to the patient and was either not prescribed or prescribed at a smaller dosage. The patient was encouraged to inform their NHS GP of this treatment and with patient consent the GPs notified the patient's NHS GP.

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 policy and process for recording and acting on significant events. At the time of this inspection there had not been any incidents. However the service had received 2 informal complaints and the content of these had been used as tools to review and improve the service they provided. For example 1 patient pointed out that their appointment was late due to the late arrival of a staff member, as a result of this the clinic amended their opening times to prevent reoccurrence of this. Another patient raised concerns regarding a prescribed intramuscular injection and following a review the clinic removed this treatment from their treatment options.
- Staff spoken with felt confident to raise concerns and said the social media communication platform allowed them to report or ask about queries or potential issues. The GP lead encouraged and supported staff to ask questions, seek support and to raise issues.
- 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
- Each GP and clinicians worked within the NHS or within their clinical expertise besides their roles at the Wellness @ The Clinic. Clinicians therefore were in receipt of patient safety alerts from their respective employment. The social media communication platform allowed alerts or issues of concern to be shared immediately with staff, so that action could be taken. The lead GP explained that to date none of the alerts raised have been relevant to regulated activities offered at the clinic.

Are services effective?

We rated effective as Good because:

We found the service was providing effective standards of clinical care to patients.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice.

- The GPs assessed patient needs and delivered care in line with relevant and current evidence based guidance and standards. Patients requiring treatments, such as non UK licenced medicines used for example to treat hay fever, were provided with clear information regarding the risks and potential complications of this treatment. A patient assessment and consent process was in place as part of the clinical consultation provided to patients.
- Intravenous vitamin therapies are not regulated by the Medicines and Healthcare products Regulatory Agency (MHRA) as they are not considered to be medicines and therefore they fall outside the remit of the MHRA. They are regulated in accordance with the General Products Safety Directive. (The General Product Safety Regulations 2005 provide the basis for ensuring the safety of consumer goods by setting requirements and providing a range of provisions to secure compliance and enforcement with the requirements). The GP who provided the intravenous therapy service had received specific training regarding the safe and effective administration of these vitamin therapies and relevant information about each vitamin mixture was available.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical health and treatment needs of the patients and also considered their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. Patients chose to access and pay for the services they requested from Wellness @ The Clinic following a clinical consultation and assessment.
- The patient record management system allowed clinicians to review and update the patient medical record quickly and easily when they attended for follow up consultations.
- The lead GP managed a patient specific social media communication platform, which enable existing and new patients to seek advice and support as required.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Clinicians ensured they kept up to date with best practice guidance to ensure the clinical services offered were safe.
- The service made improvements through the use of completed audits. Systems to monitor different aspects of the service were available which include patient feedback, and environmental audits and infection prevention and control.
- At the time of this inspection there had not been enough regulated activity undertaken to audit patient outcomes. However patient feedback was actively requested following each consultation and this was used to review the quality of the service provided and if appropriate adapt the service. The lead GP provided evidence of actions taken when they received informal complaints.

Effective staffing

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

- All staff were appropriately qualified. The service had an induction programme for all newly appointed staff.

Are services effective?

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were told of examples where patients had been signposted to more suitable sources of treatment and supported to use correctly treatments already prescribed by the patient's own NHS GP.
- All patients were asked for details of their NHS GP and the patient wishes regarding sharing treatment information with the NHS GP was respected. The service did encourage and advocate that the patient notify their own GP of the private treatments they had received.
- 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.
- The service monitored the process for seeking consent appropriately.
- Information about the cost of individual services was available on the provider website so patients were aware of this before committing to a consultation.

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.
- 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.

Consent to care and treatment

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

- 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.

Are services caring?

We rated caring as Good because:

The team at Wellness @ The Clinic were committed to providing a caring service to its patients and clients who used the beauty and spa services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. For example following each clinical consultation a text message was sent to the patient requesting feedback. We viewed responses from patients and clients attending for clinical and non-clinical services. These showed that between 1 August 2022 and 5 July 2023 the service had received 44 responses. Of these, 1 rated the service 3 stars, 3 rated the service 4 stars and the remainder rated the service as 5 stars. Comments were positive referencing the warm welcome they received, and the quality of care and treatment both for clinical and non-clinical services. In addition feedback posted to an independent online platform was monitored and responded to. In the last 12 months there were 103 reviews posted, of these 102 rated the service they received as 5 star. Comments were very positive.
- The service had also encouraged its patients to complete CQC's 'Feedback on Care' forms and we received 18 of these in the month before this inspection visit. All provided positive feedback.
- The type of feedback from patients referenced positively the welcome they received at the service, and the quality of care and treatment they received.
- 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. Staff employed at the clinic could speak Urdu and Punjabi, alongside English.
- A hearing loop was available to assist those with a hearing impairment.
- Patient feedback was positive regarding their experiences at the clinic.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The team at Wellness @The Clinic recognised the importance of people's dignity and respect.
- All consultations were private and offered a safe environment to discuss sensitive issues.
- Patients personal information was stored securely in electronic format which was accessible from locations outside the clinic if required. This information was backed up and stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

The service offered services to meet patient demand

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 lead GP and staff team understood the needs of their patients and improved services in response to those needs. Plans were being implemented to increase the range of clinical services to offer to patients. This included promoting the private GP and offering phlebotomy (taking blood samples for blood tests). One team member had trained so could provide phlebotomy and a service level agreement had been recently signed with the pathology department at a local hospital to analyse the blood samples.
- The facilities and premises offered ground floor access, disabled toileting facilities and spacious comfortable facilities.
- The lead GP monitored the patient/client encrypted social media communication platform and was able to provide advice and support directly to patients and to clients who used the other wellbeing services.

Timely access to the service

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

- Patients had timely access to initial assessment, consultations and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service website displayed clearly the clinic openings times which were 11am to 8pm Monday to Friday and 10am to 6pm on Saturdays. The service's website allowed patients to see what appointments were available and facilitated direct booking. Alternatively patients could call the service to discuss possible treatment options and to schedule an appointment.

Listening and learning from concerns and complaints

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

- The service had a complaint policy and procedure in place. The lead GP told us that they had received 2 informal complaints and the written records of these reflected a review of the concern and the actions taken to prevent re-occurrence. Clinicians responded directly to patients about their respective issues and confirmed they responded with compassion.
- Patient feedback via online websites was monitored and responded to.
- The service learned lessons from individual concerns and used patient feedback to make improvements in the quality of the service it provided. Changes implemented in response to feedback included changing the service opening times to allow clinician/staff to arrive at work on time and to remove one prescribed treatment options offered due to the potential side effects.

Are services well-led?

We rated well-led as Good because:

The leadership and the culture of the service supported the delivery of high-quality person-centred care.

Leadership capacity and capability

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

- The lead GP and other directors of the service were knowledgeable about issues and priorities relating to the quality and future of the range of clinical services they offered. They understood the challenges and were addressing them. Plans to expand the range of clinical services were being progressed at a pace that ensured the services could be delivered safely and effectively.
- Leaders were visible and approachable and they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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 service leadership team met weekly and worked together to ensure the services they provided offered an holistic approach to patients and clients who used the wellbeing and spa services. They monitored progress against delivery of the strategy.
- The whole staff team were committed to the service's vision, values and strategy.
- Reception staff spoken with were clear about how they contributed to the vision and values of the service and the importance of providing a quality service.

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 and clients who used the wellbeing services..
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to patient feedback and issues. Feedback was used as a tool to improve and develop the service.
- The leaders and staff were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff 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. The lead GP met with most staff weekly and regular support conversations were undertaken.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between the teams at the service.

Are services well-led?

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, understood and effective. The directors for the service all shared in the governance and management of the services offered, and all were committed to providing a holistic accessible service to patients and clients.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, systems were established to respond to incidents, complaints and patient safety alerts.
- Training certificates were available for the clinicians and these showed appropriate training had been undertaken to deliver safe clinical care and treatment.
- Auditing plus patient feedback 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.

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. Social media communication platforms were established for all the staff including self-employed staff members, there was separate communication channel for the directors of the service and one for patients and members of the public to contact the service directly to request advice and support.
- Patient/client feedback from a range of sources was monitored and responded to.

Are services well-led?

- Staff told us they felt confident to provide feedback about the services offered and the three staff feedback forms we received told us that Wellness @ The Clinic was a good place to work.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Systems were in place for the service to respond appropriately to incidents and complaints.
- The lead GP explained the service's strategy to expand the clinical services provided in a controlled and measured way was being implemented. This was being implemented in slow and measured way to ensure patient safety and quality were prioritised.