

Dr Charlie Easmon Limited

# Your Excellent Health Service

## 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 May 2018 – we found the service was providing treatment in accordance with the relevant regulations).

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 Your Excellent Health Services as part of our inspection programme to rate independent health providers.

Your Excellent Health Service provides health screening, travel health advice and vaccination as well as seasonal vaccinations to adults and children.

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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities)

# Summary of findings

Regulations 2014. At Your Excellent Health Service; occupational health and more specific private health services are provided to patients under arrangements made by their employer or an insurance company with whom the patient holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Your Excellent Health Service, we were only able to inspect the services which are not arranged for patients by their employers or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

The provider 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 32 completed Care Quality Commission (CQC) comment cards which were all positive about the care a treatment received. People who accessed the service felt staff were kind, helpful, friendly and professional. Comments also showed that people were satisfied with the overall service they received, the service was easy to access, and staff were very welcoming as well as reassuring.

## Our key findings were:

- The provider had systems and processes in place to keep patients safe and safeguarded from harm. Staff demonstrated awareness of local safeguarding arrangements to ensure the protection of vulnerable adults as well as children.
- The premises appeared clean and well maintained.
- Environmental risks were managed and reviewed by the building landlords. Although the service did not operate a process to gain assurance that environmental risks was being assessed and managed; the service addressed this during our inspection and provided evidence of completed risk assessments.
- Staff were given appropriate support and training to carry out their roles and responsibilities. During our

inspection the service established a process to gain assurance that staff carrying out chaperoning duties had received training to carry out this role as well as a Disclosure and Barring Service check (DBS).

- Staff received verbal feedback from patient following their appointments. Staff explained feedback was consistently positive; and although feedback was not recorded we were told that if negative feedback was received then this would be used to support further improvements.
- Patient feedback received from completed CQC comment cards were consistently positive and in line with the services comments relating to verbal feedback they had received.
- The clinic was well organised, and the appointment system enabled timely access to services provided. Staff demonstrated awareness of the importance of being flexible when arranging medicals to ensure patients travel and work arrangements were not impacted.
- We saw some evidence of service improvement activity; however, the service had not yet established or operated a system for quality improvement cycles such as clinical audits as well as demonstrate how they routinely reviewed the effectiveness and appropriateness of their services.

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

- Ensure systems and processes for monitoring the completion of environmental risks are embedded.
- Ensure system for checking that staff not directly employed by the service who carry out chaperoning duties have received a Disclosure and Barring Service check as well as training to enable them to carry out the role is embedded.
- Introduce internal systems and processes for quality improvement activities aimed at monitoring the effectiveness and appropriateness of the services.

## Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# Your Excellent Health Service

## Detailed findings

### Background to this inspection

Dr Charlie Easmon Limited is the registered provider of Your Excellent Health Service (YEHS) which is located at 1 Harley Street, Central London and provides diagnosis, screening, doctors consultation and treatment services to adults and children. Services include:

- Travel health medical services
- Health consultancy medical services
- Mental Health medical services
- Genetic testing medical services
- UK Oil and Gas Medicals
- Visa Medicals

Further information about YEHS can be found by accessing the service website at [www.yourexcellenthealth.co.uk](http://www.yourexcellenthealth.co.uk)

The service is open between 9am and 5pm Monday to Friday, the service offers occasional Saturday and evening appointments upon request.

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser and a second CQC inspector.

The methods that were used to inspect included receiving feedback from people using the service, interviewing staff, observations and review of 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

### We rated safe as Good because:

There were systems in place to keep patients safe and safeguarded from abuse. The premises were well maintained, and appropriate risk assessments carried out by the building landlords were in place to mitigate risks. Patient records provided a comprehensive account of the care and treatment provided. Although the service did not experience any incidents there were systems in place for reporting, investigating and learning from incidents.

We found one area where the provider should improve, clinical staff had not undertaken level three safeguarding training. However, the provider did not see or treat patients under 18 years or permit access under their terms and conditions.

### Safety systems and processes

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

- The building landlord made arrangements for safety risk assessments to be conducted. The service had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard vulnerable adults from abuse and although the service did not provide services to children staff were aware of local safeguarding arrangements to ensure the protection of vulnerable children.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff explained steps they would take 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).

- Clinical staff received up-to-date safeguarding and safety training in line with latest guidance. All staff knew how to identify and report concerns. Staff explained there were processes in place to use nurses as well as female doctors from other services within the building to act as chaperones when required. Following our inspection, the service established processes to gain assurance that DBS checks had been carried out for staff who were not directly recruited by the service as well as gain assurance of their competency to carry out this role.
- The building landlords were responsible for arranging and overseeing cleaning contractors. During our inspection the service obtained cleaning schedules from the landlords. There were infection prevention and control protocols in place and the service had arrangements with an external service to ensure clinical waste was disposed of appropriately.
- Legionella risk assessments and management plans were arranged by the building landlords and in place.
- 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.
- Staff explained the building landlords carried out appropriate environmental risk assessments. However, the service did not demonstrate that they had a system to enable them to gain assurance that environmental risk assessments had been carried out. During our inspection, the service obtained risk assessments from the building landlord 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.
- 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.

# Are services safe?

- There was emergency oxygen with adult masks, available on the premises which the doctors had access to. The service had considered the risks associated with not having a defibrillator on site. For example, staff explained the type of service provided was considered low risk; therefore, risks were mitigated.
- At the time of our inspection, some medicines to respond to medical emergencies were not present on site. The lead doctor responded to this and obtained appropriate medicines during our inspection.
- 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.

- 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 systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- 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 systems for appropriate and safe handling of medicines.

- Although the provider did not routinely prescribe medicines, the service had systems and arrangements for managing medicines, including vaccines and equipment which minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance the doctors would not prescribe.

## Track record on safety and incidents

### The service had a good safety record.

- Staff explained comprehensive risk assessments were carried out by the building landlord in relation to safety issues; however, during our inspection the service did not have access to risk assessments. Following our inspection, the service provided evidence of risk assessments carried out by the building landlord.
- The service explained that the building landlords 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 had systems in place to enable staff to learn and make 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.
- There were adequate systems for reviewing and investigating when things went wrong. Although the service did not experience any significant events there were systems in place to enable the service to learn when things went wrong, share lessons, identify themes and take action to improve safety in the service.
- 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 had systems in place which enabled staff to act 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:

Patients care, and treatment needs were assessed and planned effectively. Patient records were comprehensively completed, and consent obtained in line with legislative guidance. Staff received appropriate training in their areas of expertise to deliver effective care and treatment.

However, we found one area where the provider should improve. Although, we saw evidence of effective use of templates and communication with other organisations as well as attending external educational meetings, this had not translated into any formal evaluation or audit of the service provided.

### 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)**

- Doctors we spoke with demonstrated how they assessed needs and delivered care in line with relevant and current evidence-based guidance and standards relevant to their service. Updates to guidelines were assessed for relevance, discussed across the clinical team.
- Doctors utilised a range of relevant on-line resources to support their work. For example, NaTHNaC (National Travel Health Network and Centre), a service commissioned by Public Health England providing up-to-date and reliable information for travellers, travel industries as well as national government.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The service offered a range of in-house diagnostic tests and had arrangements in place with other diagnostic services run by other providers offering patients testing and results for many tests such as X-Rays.
- Clinicians had enough information to make or confirm a diagnosis.

- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and developed links with a wider range of specialists to facilitate appropriate referrals for patients who required further clinical intervention.
- The service used technology and equipment to carry out health medicals. For example, the service had a portable electrocardiogram device (ECG is a test which measures the electrical activity of your heart to show whether it is working normally) which doctors downloaded onto a computer and sent to be interpreted externally.

### Monitoring care and treatment

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

- The service had some systems in place to monitor the quality of care and treatment provided. For example, the service was audited by the companies they provided their services to so that companies could gain assurance that the service were fulfilling their terms of their contract. Doctors explained that they were also required to maintain competencies and set standards to enable doctors to maintain their registration and membership to various representative bodies. This included being audited by external bodies to monitor the quality of their work as well as procedures to ensure they were meeting the standards of the agencies. However, doctors explained the service did not carry out their own internal audits as the service did provide treatment for medical conditions; therefore, this made it difficult to measure treatment outcomes.

### Effective staffing

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

- All staff were appropriately qualified. Doctors explained they had opportunities to keep up to date in their specialism and could provide evidence of this. For example, doctors attended conferences such as IAPOS which is an informal association of physicians who have responsibilities for people overseas.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.



# Are services effective?

(for example, treatment is effective)

- The provider understood the learning needs of staff and provided protected time and training to meet them. During our inspection, we viewed up to date records of skills, qualifications and training. Staff were encouraged and given opportunities to develop.
- Doctors explained that the service had stopped providing a travel vaccination service as the demand for this service had declined. However, we saw records which showed that Doctors had received specific training and they demonstrated how they stayed up to date.

## **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, information was shared between services with patients' consent. Patients were actively encouraged to allow the service to share information, when necessary, about their treatment and medical assessment outcomes with their NHS GP where applicable.
- 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 saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any treatment provided with their registered GP on each occasion they used the service. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

- 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.

## **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.**

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the service provided written reports to patients following screening checks. Where abnormalities or risk factors were identified that might require additional support or intervention, changes to people's care or treatment were discussed with the patients GP and followed up.
- Where patients need 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.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### We rated caring as Good because:

Feedback from patients obtained through our CQC comment cards as well as verbal comments received from patients following their appointments was consistently positive. Patients were treated with dignity and respect. Patients also felt staff were very welcoming as well as reassuring.

### Kindness, respect and compassion

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

- Feedback from patients was positive about the way staff treat people
- 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. Staff we spoke with explained that the service prided themselves on providing caring services. The service had a mission statement which was to carry out high quality health assessments on behalf of their clients.
- We received 32 completed CQC comment cards which were all positive about the care received. Patients commented that the service was excellent and described the doctors and non-clinical staff as friendly and professional.

### Involvement in decisions about care and treatment

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

- The service had access to interpretation services when required for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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.

### 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.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

Patients found it easy to access the service. The service was responsive to patients' needs. Although the service had not received any complaints in the last 12 months the service had systems in place to ensure complaints were used to support learning and improvement.

### 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, where required the doctors would carry out occupational health assessments at employers' premises.
- 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.

### Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and were referred to alternative services in a timely manner where required for patients who required further medical treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs in relation to obtaining medical certificates to coincide with travel arrangements had their appointments prioritised.
- Patients who completed a CQC comment card reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, the service operated a process which enabled staff to make and track referrals to other services.

### Listening and learning from concerns and complaints

**The service took complaints and concerns seriously and had systems in place to enable the service to respond appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available within the service as well as the website. Staff explained that they had not received any complaints; however, they would treat patients who made complaints compassionately.
- Staff explained they would inform 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 had not received any complaints; however, staff described the processes they would follow to enable them to learn lessons from individual concerns, complaints and from analysis of trends.

# 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:

Leaders were knowledgeable about the services provided and staff were well supported. The service had a clear vision and a supportive culture. Roles were clearly defined, and the service had a leadership structure. We found the clinic was well organised and risks appropriately managed by the building landlords to support safety.

We found one area where the provider should improve. For example, although governance arrangements were in place; we found areas such as a programme of regular audits of the service to assess, monitor and improve its quality and safety as well as systems to gain assurance that risks were being reviewed by the building landlords were not fully established.

### 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 of working within a competitive sector and were addressing them. For example, the service demonstrated clear priorities for maintaining the reputation, integrity, quality and future of the service.
- 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.

### Vision and strategy

#### The service had a clear vision and credible strategy to deliver high quality services 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.
- 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 by reviewing the business plan. Staff explained that the business model would be amended to enable the service to respond effectively to any changing needs or demands within the sector.

### 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.
- The practice had not received any complaints or experienced any incidents. However, staff explained they would display openness, honesty and transparency 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 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 needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Doctors employed by the provider were considered valued members of the team. They were given protected 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 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. Staff told us that they regularly communicated with each other and that there were good supportive networks in place.

### Governance arrangements

# Are services well-led?

Good 

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

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective in most areas. However, we found that the service did not establish a process to enable them to gain assurance that the building landlords had carried out environmental risk assessments. Prior to the end of our inspection, the practice gained assurance from the building landlord and established a process for ongoing monitoring of environmental risks. During our inspection, the service also established a process to enable the service to gain assurance that DBS checks had been carried out for staff who were not directly employed by the service as well as gain assurance that they were competent to carry out chaperoning duties.
- 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 and were provided with appropriate training and support to carry out those roles.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Meetings as well as informal catch-up were regularly held to ensure important information was shared.

## **Managing risks, issues and performance**

### **There were 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.
- Performance of clinical staff could be demonstrated through audit of their consultations referral decisions as well as record keeping carried out by the companies they provided their services to. However, Doctors explained due to the nature of the services provided it was difficult to carry out their own quality improvement activities such as audits to review the effectiveness and appropriateness of their services.
- Leaders had oversight of safety alerts, incidents, and complaints.

- 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.**

- Operational information as well as views from patients was used to improve service delivery.
- 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 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.

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

### **The service involved patients and staff to support high-quality sustainable services.**

- The service encouraged and heard views from people who accessed the service as well as staff and acted on them to shape services and culture.
- Staff were able to provide feedback through staff meetings and appraisals.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement. The service had not recruited any additional staff; however, there were processes in place to ensure new staff received a comprehensive induction programme and ongoing supervision.

# Are services well-led?

Good 

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

- The service had systems in place which would enable staff to make use of internal and external reviews of incidents and complaints. There were mechanisms in place to enable staff to share learning and where identified use learning to make improvements.
- 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, the lead doctor completed a

wide variety of training and demonstrated dedication to continuously improve the delivery of occupational health screenings. For example, the lead doctor attended various seminars such as the Maritime and Coastguard Agency health seminar on risk (MCA is an executive agency of the United Kingdom working to prevent the loss of lives at sea and is responsible for implementing British and international maritime law and safety policy).