

# Healthshare Ltd

## Inspection report

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Date of inspection visit: 17, 18 and 19 July 2023  
Date of publication: 22/08/2023

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

We carried out an announced comprehensive inspection at Healthshare Ltd on 17, 18 and 19 July 2023, to follow up the breaches of regulations found in our previous inspection in October 2018.

Following our last inspection, we asked the provider to make improvements regarding infection prevention and control, oversight of safety issues, risks and monitoring the progress of actions to address these. We checked these areas as part of this comprehensive inspection and found improvements had been made these had been effectively resolved.

## **This service is now rated as Good overall.**

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

## **Our key findings were:**

- The service had clear systems to keep people safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service learned and made improvements when things went wrong.
- The provider had systems to keep clinicians up to date with current evidence-based practice.
- Staff had the skills, knowledge and experience to carry out their roles.
- The service obtained consent to care and treatment in line with legislation and guidance.
- Staff treated patients with kindness, respect and compassion.
- The service organised and delivered services to meet patients' needs.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance.

This 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. 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. Healthshare Ltd provides physiotherapy; this service is not within CQC scope of registration therefore we did not inspect or report on these services.

The service has a registered manager. A registered manager is a person who is registered with the CQC 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.

# Overall summary

The service is registered with the CQC to deliver the Regulated Activity of treatment of disease, disorder or injury.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included an additional two CQC inspectors and a specialist advisor who attended the site visits.

## Background to Healthshare Ltd

Healthshare Ltd is an independent community health service that provides musculoskeletal services to people aged 18 and over. It also offers assessment and treatment for orthopaedic, rheumatology and pain patients. The service treats patients with bone, joint and muscle disorders that do not require surgery as part of their management. Patients can be referred to the service by their NHS GP or can self-refer to the service.

The service consists of 36 physiotherapists and is supported by a team of reception and administration staff. The group governance director and senior operations manager provides managerial oversight.

The registered provider is Healthshare Limited, 20 Churchill Square, Kings Hill, West Malling, ME19 4YU. This location was visited as part of the inspection.

There are 3 sites where regulated activity takes place:

- South Westminster Centre for Health, St Georges House, 82 Vincent Square, London SW1P 2PF. This site was visited as part of the inspection. The service is run from a suite of rooms within the shared premises which are leased with NHS Property Services. The practice comprises of a suite of consultation and treatment rooms, a waiting room and reception/administrative area. This is a main hub site where the provider offers the following services 5 days a week: physiotherapy, orthopaedic, pain and rheumatology.
- St Charles Centre for Health and Wellbeing, Exmoor Street, London, W10 6DZ. This site was visited as part of the inspection. The service is run from a suite of rooms within the shared premises which are leased with NHS Property Services. The practice comprises a suite of consultation and treatment rooms, a waiting room and reception/administrative area. This is a main hub site where the provider offers the following services 5 days a week: physiotherapy, orthopaedic, pain and rheumatology.
- Oaklands Medical Centre, Uxbridge, UB10 9JX. The service is run from a clinic room within the shared premises which is leased directly with the GP practice. The provider offers a persistent pain service to patients 3 days a week. This site was not visited as part of the inspection.

The service is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including face to face appointments, telephone and video consultations.

### How we inspected this service

Prior to the inspection, we reviewed a range of information that we hold about the service and gathered and reviewed information received from the provider.

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:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had 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 children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps 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 in accordance with regulations. 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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There were notices in the waiting area, consultation and treatment rooms that advised patients chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). Legionella (a bacterium found in water supplies which could cause severe respiratory illness) testing, and routine systems and processes for monitoring this were being maintained.
- The provider maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- We saw a daily room cleaning checklist in each treatment room. The provider told us clinicians were responsible for maintaining the cleanliness of the room and equipment. The checklist detailed areas and equipment that required cleaning. We saw the clinician had to sign against each criterion to confirm this. Monitoring of this was overseen by the site leads at each location and the group governance director. We also saw clinicians left a record to show which equipment had been cleaned by labelling the equipment to confirm it had been sanitised.
- The provider had an up-to-date IPC policy. There was an infection control clinical lead who had oversight and managed infection control processes. The infection control lead also liaised with the site leads to help them keep up to date with best practice. We saw the provider had a rolling programme of infection control audits for all sites. This included general cleanliness of the premises, clinical equipment, hand hygiene, waste management, sharps management. There was an action plan to address issues identified. For example, the recent IPC audit for South Westminster Centre for Health, identified areas in clinical rooms with low level dust. The action plan identified what was required to resolve this, the person responsible, the date when the action commenced and a planned review date.
- We saw monthly hand hygiene audits were conducted which included checking staff completed their IPC training; ensuring facilities were stocked with appropriate equipment; and observing staff to monitor whether those who had contact with a patient or a patient's environment, adequately and appropriately decontaminated their hands in a timely manner. The provider identified one healthcare worker had not performed appropriate hand hygiene after touching the environment where a patient had been. We saw the IPC lead had advised the staff member of the correct manner in which to practice appropriate hand hygiene.
- 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, including sharp items. We saw that bins used to dispose of sharps items were signed, dated and not over filled.

# Are services safe?

- 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. The risk assessments included actions that were required, the name of the person responsible for the action and the completion date. The provider took appropriate action where applicable. For example, the environmental risk assessment for St Charles Centre for Health and Wellbeing (conducted in May 2023) identified one sharps bin had not been assembled correctly. The action plan outlined the need to share this with all staff and to continue conducting audits to help ensure improvements had been made.
- We saw fire risk assessments had been conducted for all sites, including the Head Office. Fire alarm testing and fire drills were managed by NHS Property Services. We saw copies of these records, which confirmed they had been completed on a regular basis.

## 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 agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The practice had a comprehensive business continuity plan for major incidents such as; power failure or building damage. The plan included emergency contact numbers for staff.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there were risk assessments to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## 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 reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines and equipment minimised risks.
- The provider stored medicines safely and securely. We saw monitoring records that included the number of stock that was stored. The records also documented when a clinician had removed medicines. The provider told us clinicians were authorised to only remove medicines from the locker for one patient at a time and only if needed. Records viewed confirmed this. The provider also told us only essential clinicians had access to the medicine locker.

# Are services safe?

- The provider also monitored the room temperature where medicines were stored daily. This was because if the medicines were exposed to temperatures outside the range recommended by their manufacturers, this may cause the medicines to be ineffective. Records showed staff regularly checked to see if the room temperature was between 15 and 25 degrees centigrade. We saw there was guidance for staff to follow if the temperature went outside the limits.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

## Track record on safety and incidents

### The service had a good safety record.

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

## Lessons learned and improvements made

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

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service.
- We looked at the three significant events that had been recorded within the last 12 months. We saw that details of the event had been investigated, escalated to relevant staff where necessary, discussed in clinical meetings and action taken. We also saw evidence of analysis and learning of the event. For example, a member of staff identified that a blood test form was saved under the incorrect patient record. This was raised as a significant event and investigated; the blood test form was removed from the patient record and a new form was added. It was concluded to be human error as the two patients had similar initials. The provider spoke to the clinician about this, and we also saw learning from the incident had been shared with the wider team to help ensure the mistake would not occur again.
- 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 for knowing about notifiable safety incidents.
- The service gave affected people reasonable support, truthful information and a verbal or written apology.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We saw comprehensive recording of consultation and assessment for patients undergoing treatment.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- There were arrangements to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.
- The service used a standardised tool to measure how patients perceived the effectiveness of treatment and resulting health outcomes. Patients were asked to complete a health questionnaire during their first appointment and at discharge, following their musculoskeletal treatment.

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements. The provider conducted regular audits of patient records to review compliance with NICE guidelines and record keeping. We saw NICE recommendations audits completed monthly for staff at each location. We also saw audits for record keeping which had been completed every six months.
- The provider sent evidence of clinical audits that were part of an overarching programme. For example, the provider looked at the clinical pathway of back pain treatment of 202 patients. The aim of the audit was to review patient records to see whether clinicians followed best practice guidance and delivered evidence-based care in line with current recommendations. The provider found the common symptoms to be central low back pain (55%), followed by back and referred pain (39%), with motor radiculopathy (compression of nerve roots) and more serious back pain conditions being uncommon. They found imaging was carried out in 24% of the cases reviewed, with 75% being managed without any imaging being required. The audit also found 1% of patients underwent nerve conduction studies. Of the imaging carried out, 93% were relevant to the clinical decision-making process of the assessment and management of the condition. The provider found 48% of patients were self-managed, 22% of patients cancelled, failed to attend, or failed to make further contact and 26% of patients were referred onto secondary care services. The provider commented that around 50% of patients with back conditions needed to be referred to secondary care which demonstrated that back conditions were generally more complex. The audit also identified that around 50% of patients were able to self-manage their condition which suggested that patients who had been seen virtually were successfully screened and investigated with positive outcomes achieved. The audit identified clinicians followed red flag screening (clinical findings that are identified from a patient's medical history and the suspicion of a serious condition); one patient was referred to emergency services as they presented with symptoms of cauda equina (a rate



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and severe type of spinal stenosis where all nerves in the lower back become compressed). The audit identified the need to provide refresher training and supervision regarding documenting red flag screening to all clinicians and to consider providing an online screening tool to patients to help identify those at risk of developing long lasting back pain.

- The provider also conducted an audit that reviewed referrals for imaging investigations to see whether the referral documents met the relevant standards, requests for imaging were appropriate and to see whether the imaging results were reviewed and acted upon appropriately. The audit reviewed 84 imaging requests and found 92% of these requests were deemed to be relevant to clinical decision making. The audit demonstrated good standard of clinical decision and highlighted areas of improvement. For example, the need to document clear reasons for imaging referrals in consultation letters. Following this audit, the provider planned for clinician supervision sessions to include checking image requests and consultation letters with feedback and reflective writing.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the Health and Care Professions Council (HCPC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## 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.
- Before providing treatment, clinicians 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 medicines prescribed with their registered GP on each occasion they used the service.
- 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.**

- 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.

# Are services effective?

- 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.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

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

- The service sought feedback on the quality of clinical care patients received after each appointment.
- We reviewed feedback collected from 1 April 2023 to 30 June 2023. Feedback from patients was positive about the way staff treat people. For example, some patients said the team were supportive, knowledgeable, and encouraging. One patient said they found the clinician to be informative and a good listener. The patient said they felt comfortable during all sessions, and they felt more confident regarding their knee treatment.
- The feedback collected also showed 98% of patients who completed the feedback form said they were treated with dignity and respect during their appointment.
- In the last 12 months, CQC received feedback from six patients via the "Give Feedback on Care" form on the CQC website; some patients said it was difficult to book or rearrange appointments and some raised questions about their prognosis/treatment. One patient said they had raised complaints with the provider but had not received a reply. One patient said the provider didn't have provisions for patients who cannot use voice telephony.
- 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. We saw notices in the reception areas informing patients this service was available. We also saw information leaflets in different languages to help patients be involved in decisions about their care.
- We reviewed the feedback collected by the provider. This feedback included verbatim comments from patients. We saw some patients had said 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- 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?

**We rated responsive as Good because:**

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

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider identified that when patients were referred to their triage services, patients would often have multiple appointments for their initial assessment, diagnostics and treatment. The provider conducted an internal audit that identified there had been approximately eight weeks delay from the point of clinical triage to receiving a diagnostic report. The provider recognised this delay increased patient's anxiety and resulted in patients travelling multiple times to attend appointments. The provider adopted a "one stop shop" model; patients with shoulder pain without complex issues would be triaged into the one stop shop clinic. These appointments lasted approximately 1.5 hours. Patients would be assessed by a senior musculoskeletal (MSK) physiotherapist for an initial assessment and a potential management plan. Patients would then undergo a diagnostic ultrasound scan and would then return to the senior MSK physiotherapist to discuss the findings. The senior MSK physiotherapist would liaise with the patient and an advanced physiotherapy practitioner to discuss treatment options. Any patients presenting with a complex diagnosis who require an orthopaedic opinion or steroid injection would be seen by the advanced physiotherapy practitioner on the same day. All patients would also receive a personalised exercise programme prescribed by the senior MSK physiotherapist. If appropriate, some patients would be discharged back to their GP or referred to secondary care for a surgical opinion. The provider told us this helped improve patient experience and clinical pathway efficiency for patients with shoulder pain; the average number of appointments that each patient attended reduced by 50% from three appointments to 1.5 appointments. It was found that whilst patients are seen longer in the clinic, 83% of patients experienced a reduction in the number of follow up appointments. The provider found 79% of patients who attended the "one stop shop" clinic required a single episode of care. Furthermore, the number of patients with shoulder pain who required further imaging request and secondary care referrals was reduced from 11% to 5%. The provider gathered feedback from 216 patients that were referred to the "one stop shop clinic". Of the patients that were surveyed, 87% felt they were better able to manage their shoulder problem, 94% felt more reassured following the ultrasound scan and 73% felt they had a better understanding of the problem. The provider found overall patient satisfaction was higher than those managed under the standard patient pathway.
- 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 were able to book appointments via telephone or email.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately. The provider reviewed a daily report that showed the number of incoming calls and how many of those were answered. The report also showed the number of patients waiting for an appointment, patients waiting to be contacted, the next available appointments, the duration

# Are services responsive to people's needs?

of days patients are waiting for an appointment and the duration of days the provider is waiting for an imaging result (MRI, x-ray, ultrasound). The provider told us any outliers would be investigated and appropriate action taken. For example, the report highlighted a patient had been waiting 88 days for their imaging result from the hospital. We saw the provider investigated this and contacted the hospital.

- Staff told us they had received feedback from patients who said they had some difficulties getting through on the phone. The provider introduced a call waiting and call back service. We reviewed the number of calls answered before and after the provider implemented this system. We saw there had been an improvement in the number of calls answered.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a patient raised a complaint when their appointment was cancelled due to the clinician being ill. The appointment was rebooked for the patient to attend another location. However, this appointment was changed to a telephone assessment as the location was closed for a staff training day. The provider investigated this and offered a face-to-face appointment. The provider highlighted the importance of better communication from staff at the different sites regarding planned closure times to help prevent this from occurring again.

We saw evidence of trends of complaints and learning from these were shared with all staff via meetings, emails and newsletters.

# Are services well-led?

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

## **Leadership capacity and capability**

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

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

## **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 developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

## **Culture**

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

- We spoke with 6 members of staff and received 34 staff surveys. Positive comments included: staff felt respected, supported and valued; leaders were approachable; staff felt they could raise concerns and were encouraged to do so; whilst it could be a challenging and stressful environment, some staff said they were proud to work for the service.
- One staff member said their suggestions for improvement were not listened to whilst some members of staff said leaders took on board their views and made improvements based on their suggestions. For example, when staff shared their concerns with leaders regarding the need for more clinical administrative time, leaders consulted with staff and implemented more administrative time in order to support clinicians.
- Some staff felt there wasn't enough staff working at all locations, whilst other staff members said there was enough staff to maintain a safe and effective service. Some staff also said the senior leadership team could be better at communicating updates to staff below managerial level.
- The service focused on the needs of patients.
- The provider told us clinicians have 30-minute to an hour appointment slots for patients with translatable needs. The provider received feedback from clinicians that translators were often late joining the calls which in turn created delays to patient appointments and affecting the clinician's administration time. The provider discussed this with their current translator service who advised they had experienced a shortage of translators but that this had been rectified. To help prevent this issue occurring again, the provider had looked to commission another translatable company they can use in addition to the current service they rely on. The provider told us this has been shared with all staff and discussed in staff meetings.

# Are services well-led?

- We saw "You said, We did" posters in staff areas that outlined changes the provider implemented as a result of staff feedback. For example, providing hot beverages for staff, increasing administrative time for clinicians and installing fans in clinical rooms.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. 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. Clinical staff and administrative staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- We saw the provider encouraged and awarded staff who reached 100% compliance in their mandatory training.
- There was a strong emphasis on the safety and well-being of all staff. Staff could share their concerns and ideas with leaders via a staff survey. The survey asked staff for their opinion on communication, leadership, environment, wellbeing, rewards, engagement and training and development. Following the recent staff survey in April 2023, the provider had planned to review staff benefits, implement wellbeing and awareness interactive workshops and review ideas to award staff for length of service.
- Information was cascaded to staff via staff meetings, emails and newsletters.
- 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.

## 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 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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

# Are services well-led?

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified 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, 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. For example, the provider extended their clinic hours during Ramadan to allow patients that were fasting during the day to attend their appointments in the evening.
- We saw "You said, We did" posters in patient areas that outlined changes the provider implemented as a result of patient feedback. For example, improving signage around the premises and installing a call back/call waiting system on the telephone lines.
- Staff could describe to us the systems to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used 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 provider piloted the use of a self-booking system and information portal for patients. The system would allow the provider to invite patients to schedule/rearrange their appointment, send reminders to patients and would also allow patients to have access to letters and documents. The platform also allowed patients to inform staff of any pertinent information. For example, physical access difficulties, request for chaperones, learning difficulties, anxiety levels. The provider told us the pilot has been successful and they plan to implement this across all services in the near future.
- In the last 12 months, the provider collaborated with a third party to share best practices and improve patient pathways for patients experiencing rheumatology issues. The provider implemented a rheumatology one stop mass



# Are services well-led?

clinic, with the aim to reduce patient waiting times and improve patient journey for treatment. We saw a draft version of an evaluation report which outlined the initiative was effective in reducing waiting times for rheumatology appointments in North West London; the average waiting time from referral to appointment decreased by approximately two months. Additionally, the time from first appointment to the patient receiving a diagnosis had also reduced; on average patients received their diagnosis within the same month of their first appointment.

- Staff had access to an annual training budget to spend on professional development opportunities. The provider told us they supported 47 employees in the last 12 months to develop within their career. Courses include diagnostic MSK ultrasound, soft tissue and joint injection therapy, connective tissue disorders and pregnancy, post-natal and female pelvic health.