

# Nuffield Health Stoke Poges Fitness and Wellbeing Centre

## Inspection report

Wexham Street  
Stoke Poges  
Slough  
Berkshire  
SL3 6NB  
Tel: 01753633666  
[www.nuffieldhealth.com](http://www.nuffieldhealth.com)

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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?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall** (previous inspection February 2018, was meeting the requirements of the 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 Nuffield Health Stoke Poges Fitness and Wellbeing Centre as part of our inspection programme

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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Nuffield Health Stoke Poges Fitness and Wellbeing Centre provides a range of therapeutic interventions, for example physiotherapy and lifestyle coaching which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The General Manager is the current registered manager at Stoke Poges. 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.

All feedback was positive about the care, treatment and facilities provided by the service. We received feedback from 18 clients through CQC comment cards. Clients told us that the consulting rooms and other facilities were clean and tidy, they received detailed information about the health assessment and testing programme and were given appropriate information to enable them to make decisions on lifestyle management. Clients also told us they had been treated with kindness and respect during their visit to the service and their privacy was respected.

## Our key findings were:

- Processes and systems were in place and understood by staff which would keep people safe from abuse and avoidable harm.
- Processes in place for reporting and learning from incidents were clear, ensuring that lessons were learnt, shared with staff and appropriate changes made to reduce the risk of recurrence.
- There were reliable systems in place to protect people from unsafe premises and equipment. There was evidence that findings from safety checks were followed up appropriately.
- All health care assessments, treatment and advice were based on best practice guidance and the findings of the most appropriate up to date, evidence-based recommendations
- Staff had the skills, knowledge and experience to carry out their roles effectively. Doctors and physiologists were covered by appropriate medical indemnity insurance.
- Clients were treated with respect and dignity and their privacy was respected and information was provided to ensure clients made informed choices about their care and treatment.
- The provider ensured that the costs of services provided were readily available and explained as appropriate.
- The service had links with the local community, working in partnership with the local authority to promote healthy lifestyles and wellbeing at schools in the area.
- There were clear and accessible complaints policies and procedures, and complaints were openly investigated and dealt with impartially.
- Leadership and management were well defined. The small team of staff knew who to go to for advice and support. A major incident plan was in place.

Dr Rosie Benneyworth

**BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection team comprised a CQC lead inspector and a CQC GP specialist advisor.

## Background to Nuffield Health Stoke Poges Fitness and Wellbeing Centre

Nuffield Health Stoke Poges Fitness and Wellbeing Centre is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Diagnostic and screening
- Treatment of disease, disorder and injury

Nuffield Health Stoke Poges Fitness and Wellbeing Centre is part of Nuffield Health, a not-for-profit healthcare provider. The clinic provides a variety of health assessment for both corporate and private clients (adults only) carried out by a physiologist and a doctor. The clinic aims to provide a comprehensive picture of an individual's health, covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing.

Following the assessment and screening process clients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. Clients are provided with a comprehensive report detailing the findings of the assessment. The reports include advice and guidance on how the client can improve their health and they include information to support clients to live healthier lifestyles. Health assessment clients are also provided with a free 30-day pass for the fitness centre.

Health assessments are categorised and promoted as:

- A lifestyle health assessment, a physiologist led review of health and wellbeing.
- A female assessment, doctor led assessment, for all aspects of female health (including cervical smear testing, with results shared with the clients GP, when required).

- A 360 health assessment, all round assessment which includes a review of diabetes and heart health risks.
- A 360+ health assessment, all round assessment which focussed on cardiovascular health / fitness.
- Trium – online questionnaire to calculate lifetime risk of disease.
- Personalised Assessment for Tailored Health (PATH) to focus on the areas of concern.

The clinic can also refer clients to an on-site nutritionist and physiotherapist. Cognitive behavioural therapy (CBT) is also available at Stoke Poges. These services were not inspected as part of this inspection.

The clinic address is:

- Nuffield Health Stoke Poges Fitness and Wellbeing Centre, Wexham Street, Stoke Poges, Slough, SL3 6NB

The core opening hours for health assessments at the clinic are Monday to Friday 8.30am-4.30pm. In addition, clients can choose to be seen at one of the other nearby or wider health and wellbeing centres in the UK.

Health assessments are delivered by a small team in a purpose built clinic located adjacent to the health and wellbeing centre. The staff team at the clinic consists of a clinic manager who is also a physiologist, two health assessment doctors and two site physiologists. A physiologist is a graduate in exercise, nutrition and health sciences, and are full professional members of the Royal Society for Public Health (RSPH). They are trained to carry out health assessments, give advice and motivate lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management.

# Are services safe?

**We rated safe as Good because: Systems in place to reduce risk and monitor safety were operated consistently and effectively.**

## 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 including locums. 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. Whilst the service was not provided to clients under the age of 18 the service demonstrated that staff were appropriately trained to identify risks posed to young people from adults attending for assessment.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had introduced an alerts system which was used to highlight any client whose online assessment indicated a risk of suicide or domestic abuse. When the assessment indicated such a risk there was a system in place to make appropriate referrals in a timely manner.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis as matter of policy. 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). The provider had a policy, that was followed, to undertake DBS checks for all staff involved in the provision of the regulated activities.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. 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. Appropriate assessment and control measures were in place to reduce the risk of infection from waterborne bacteria (legionella assessment and risk control measures).

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. There was a clear record of relevant health and safety checks being completed.

## Risks to clients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for locum 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 clients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place through a provider indemnity policy.
- The provider had put a contingency plan in place to keep people safe if a client attended with symptoms of Coronavirus or if the service was notified that a client who had the virus had attended the clinic recently.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients 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.

# Are services safe?

- 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 emergency medicines and equipment minimised risks.
- The service did not prescribe any medicines. No medicines, other than those for use in an emergency, were held on the premises.
- There were appropriate arrangements in place to respond to any medicines safety alerts that were specific to the medicines held to deal with a medical emergency. We noted that the service had checked one of the medicines in the emergency bag in response to a safety alert.

## 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. For example, when three abnormal test results had not been flagged by the external laboratory for urgent follow up the service took immediate action to follow up the results with the clients. The system for the laboratory to alert the service to abnormal results was reinforced.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology. Written records of verbal interactions, as well as written correspondence, were kept.
- The service acted on and learned from external safety events as well as equipment safety alerts. The service had an effective mechanism in place to deal with medicine and safety alerts that were relevant to the services provided.

# Are services effective?

**We rated effective as Good because: Relevant professional guidance was followed in the provision of the health assessment service.**

## 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 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 clinic offered a range of health assessments, all of which focussed on preventative health, concentrating on current health and wellbeing.
- People attending the clinic for a health assessment were required to complete an electronic self-assessment health questionnaire prior to attending their appointment. This assessment was reviewed by the physiologist and GP at the clinic prior to the appointment.
- 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.
- Clients' immediate clinical and ongoing needs were fully assessed. Where appropriate this included their mental and emotional wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- The provider used an electronic assessment system which used set algorithms to direct the client into the most appropriate service, including self-help advice.
- Most blood screening test analysis could be conducted at the clinic site. This meant clients received test results and could be signposted or referred to appropriate services during the first health assessment appointment.

## Monitoring care and treatment

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

- The service made improvements through the use of completed audits. These include environmental checks such as cleanliness as well as clinical performance audits such as standard of electrocardiograph (ECG) traces and interpretation. We also saw the results of an audit of compliance in obtaining consent for HPV testing (an HPV test is undertaken to assess whether a client has the human papillomavirus which can be a cause of cancers). The audit last completed during 2018 showed 100% compliance in obtaining consent before running the test. The provider had also completed a three year cycle audit of following relevant guidelines when traces of blood were found in urine samples. The results showed compliance with treatment guidelines improved from 10% in 2015 to 80% in 2019.
- People were asked to provide feedback on clinicians following their health assessment. The feedback was collated and any areas for improvement were followed up on.
- The service had recognised an area for improvement was in assisting people to feel confident and engaged in managing beneficial changes in health-related lifestyle.
- Staff were trained in behaviour change techniques. The new electronic system had been designed to enable staff to provide a personalised health plan which would engage, educate and inspire people.
- Following the health assessment and based on individual risks, people were able to access educational modules suited to their needs.
- There was a quality improvement plan unique to the clinic. This included ensuring prompt action of abnormal test results and ensuring all abnormal ECG results were scanned and sent for review on the day the ECG was taken.
- The service was subject to performance monitoring against a set of 14 performance indicators known as site score cards. The performance outcomes for the last quarter year reported showed Stoke Poges as one of three locations out of 13 that achieved all 14 indicators.
- A detailed review of the clients attending the service had been undertaken for 2019. This identified where clients were achieving better than average results compared to other similar Nuffield services. For example, risks associated with smoking and cardio vascular health were below average. The service was able to focus on



# Are services effective?

enhancing advice to clients on reducing body mass, improving their blood pressure and increasing exercise because these were areas where improvements were most needed for clients attending the service.

- There was recognition of areas for further quality improvement. For example, the service was working on a new project to manage communication with clients who were referred on to other services. This is called the patient recorded outcome measures (PROMS) management project and was in early stages of development.

## 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.
- Medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. Records we reviewed confirmed this.
- 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.
- Staff received specific training in the areas assessed during the personalised assessments for tailored health. The areas of specialism included: sleep, nutrition, heart health and emotional wellbeing. Physiologists also completed in-depth training in how to conduct ECG's.

## Coordinating client care and information sharing

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

- Staff referred to and communicated effectively with other services when appropriate. For example, the wider Nuffield Health services, the clients GP and pathology laboratories.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history.
- All clients were asked for consent to share details of their consultation and recommendations with their registered NHS GP on each occasion they used the service.

- The provider had risk assessed the treatments they offered. Medicines were not prescribed at this service.
- Systems were in place to ensure care and treatment for clients in vulnerable circumstances would be coordinated with other services.
- Client information was shared appropriately with consent (this included when clients 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.
- Where appropriate there were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting clients to live healthier lives

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

- The purpose of the health assessment was to assess client's health and offer advice on improving health. This included advice on self-care. As part of the assessment offer, clients were entitled to a one month free gym membership to encourage them, when appropriate, to take physical exercise to improve their health.
- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support. For example, if tests identified the client had a risk of developing or already had a long term health condition that required follow up and treatment. When a client declared they had a long term medical condition when completing their health questionnaire this was followed up during their assessment. For example, if a client was diagnosed with diabetes, additional exercise and diet advice would be covered during the assessment. The GPs and physiologists also checked that the client was attending for reviews of their condition with their usual care provider.
- Where client's 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 .

## Are services effective?

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately and had a clear policy on always seeking consent for additional tests not included in the baseline health assessments. We noted that two clients who completed CQC comment cards specifically referred to being asked for consent to additional tests.



# Are services caring?

**We rated caring as Good because: A personalised service was provided to clients in a compassionate and respectful manner.**

## **Kindness, respect and compassion**

**Staff treated clients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care clients received. The service sent a questionnaire to all clients within a month of their assessment appointment.
- Feedback from clients was positive about the way staff treated people and we observed an interaction between staff and a client during a break in their assessment. This was conducted in a warm and professional manner.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.

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

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

- Interpretation services were available for clients who did not have English as a first language. Interpretation services were also available for clients that used British Sign Language.

- Clients told us through the 18 CQC comment cards completed, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about any follow up or further assessment. There were six clients who made specific reference to being given very clear and helpful explanations of the tests and assessment process. A further five clients complimented the staff for giving clear and straightforward advice about improving lifestyles.
- Staff communicated with people in a way that they could understand, for example, communication aids were available.

## **Privacy and Dignity**

**The service respected clients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- All assessments and consultations were carried out in consultation rooms with doors closed. Discussions taking place in consultation rooms could not be overheard by others waiting in the waiting room.
- There were four clients who completed CQC comment cards that complimented the service for treating them with respect and dignity.

# Are services responsive to people's needs?

**We rated responsive as Good because: The availability of the clinic met the needs of the clients seeking the service on offer.**

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

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

- The provider understood the needs of their clients and improved services in response to those needs. There was an on-line health and wellbeing assessment that enabled the assessment to be tailored to the client's needs.
- The "One Nuffield Health" system enabled the central team to use a market research online tool. Research included feedback from both Nuffield members and non-members.
- The service offered a range of health assessments that could be adapted to suit individual needs.
- 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.
- The clinic had received 142 completed client satisfaction questionnaires in 2019 (11% of the total clients surveyed). The feedback from the questionnaires was very positive. However, the centre continued to seek to improve and had responded to patient feedback. For example, when a problem occurred with IT software preventing completion of the pre assessment questionnaires the booking team gave wrong advice about completing a paper copy. Booking staff were retrained to avoid giving incorrect advice.

## **Timely access to the service**

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

- The clinic was open five days a week, Monday to Friday, from 8.30am to 4.30pm for health assessments.

- Appointments were made by telephone call to a central booking team.
- Appointments were made for a time that was convenient to the individual.
- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Clients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way, through phone calls and follow-up emails and letters. There was a system in place to monitor the turnaround of referral letters and communications with the patients GPs. This showed that over 90% of non-urgent referrals were sent within the two week target set by the provider.
- A system was in place for duty doctors or the central Clinical team take appropriate action for test results when the requesting clinic doctor was on leave or unavailable.

## **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 clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they be dissatisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from a national analysis of trends. There had been six complaints about the service in the last year. We found that these had been investigated and responded to in a timely manner. For example, when a concern was raised about a rushed appointment the incident was investigated. The client received a prompt explanation and apology and action was put in place to avoid a similar complaint arising in the future.

# Are services well-led?

**We rated well-led as Good because: Management systems and processes in place were appropriate to the service offered and were kept under regular review.**

## **Leadership capacity and capability;**

- The service is part of the Nuffield Health UK health organisation, a trading charity which is managed by a Board of Governors, who are both directors of the company and the trustees of the not-for-profit organisation. The board was responsible for setting strategy, monitoring performance, overseeing risk and setting values.

## **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. For example, there was evidence of an expansion in the audit and quality improvement programme to include more targeted audit work.
- Leaders at all levels, corporate and local, 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. For example, the lead Physiologist for the South Region had been supported to develop into this role having started as a Physiologist at a Nuffield Fitness and Wellbeing Centre

## **Vision and strategy**

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

- 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.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of clients.
- 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. For example, all clients that raised a concern, or complaint, received a full explanation of the action taken to address their concern and were advised of the escalation process if they were dissatisfied with the response to their concerns. 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, or ideas to improve the service, and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and the main provider organisation.

## **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.

# Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were fully available to staff on the company intranet site.
- The policies and procedures were kept under review and regularly updated in accordance with the provider's review schedules. When circumstances changed the policies were updated. For example, we noted that the Being Open/Duty of Candour policy had been updated four times in the last 18 months. The Outbreak policy had been reviewed and an addendum included on the actions to take if the service saw a client who was later confirmed as having Coronavirus.

## 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 client safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.
- The provider had a major incident plan (known as the SIMM). This covered a wide variety of events that may cause an interruption to the service. The plan linked to other policies and procedures that may cause interruption to service. For example, the 'Outbreak Policy' which set out the actions required if a pandemic or infectious outbreak occurred.

## 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 clients.
- 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 such as Public Health England and the Care Quality Commission.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

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

### **The service involved clients, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from clients, staff and external partners and acted on them to shape services and culture. For example, the car park had been extended in response to client feedback.
- Staff could describe to us the systems in place to give feedback. For example, at monthly team meetings, monthly one to one's, supervision and appraisals.
- Staff received updates from provider newsletters and clinic based briefings.
- The service was transparent, collaborative and open with stakeholders about performance.

## 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 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, innovation work and work with local communities for example, a

## Are services well-led?

fitness support programme for children with cystic fibrosis was underway. The provider worked with the education team at the Local Authority to provide health promotion and healthy lifestyle workshops at schools in the local area.