Nuffield Health West Byfleet Fitness and Wellbeing Centre

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

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 a comprehensive inspection of Nuffield Health West Byfleet Fitness and Wellbeing Centre on 22 April 2022 under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the first rated inspection of the service. The service was previously inspected in September 2018, when it was not rated but was found to be meeting all regulations.

Throughout the COVID-19 pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Speaking with staff in person and using video conferencing.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 22 April 2022. Prior to our visit we requested documentary evidence electronically from the provider. We spoke to staff using video conferencing prior to our site visit.

Nuffield Health West Byfleet Fitness & Wellbeing Centre is part of Nuffield Health, a not-for-profit healthcare provider. The service provides health assessments which include a range of screening processes. The health assessment service is based within the fitness centre. Patients are able to choose from a range of health assessments according to their need. Assessment and screening services are led by either a physiologist or a doctor. Following assessment and screening, patients undergo a consultation to discuss the findings and any recommended lifestyle changes or treatment planning. The service employs two doctors, a general manager, a clinic manager (who is also a physiologist), a physiotherapist and two physiology staff. Patients seen within the service are either private patients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. Services are provided to adults only.

Overall summary

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. For example, physiotherapy and lifestyle coaching do not fall within the regulated activities for which the location is registered with CQC.

Nuffield Health West Byfleet Fitness & Wellbeing Centre is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury and Diagnostic and screening procedures.

The general manager is also 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.

Our key findings were:

- Staff underwent comprehensive induction processes and had received training in key areas.
- Staff employed by the service had undergone appraisal, peer review and regular 1 to 1 review.
- There were records to demonstrate that recruitment checks had been carried out in accordance with regulations. However, document storage arrangements were not well managed and local managers did not always have oversight of those assurance checks.
- There were effective systems and processes to assess monitor and control the spread of infection.
- There were safeguarding systems and processes to keep people safe. Staff had received training in the safeguarding of adults and children.
- Arrangements for chaperoning were effectively managed.
- There were appropriate arrangements to manage medical emergencies and suitable emergency medicines and equipment in place.
- There were fire safety processes and health and safety risk assessments in place.
- Clinical record keeping was clear, comprehensive and complete.
- There was monitoring of patient related outcomes and auditing of clinical record keeping processes.
- Governance and monitoring processes provided assurance to leaders that systems were operating as intended. Risks were promptly identified and responded to.
- Best practice guidance was followed in providing treatment to patients. For example, urgent referrals were made in response to a suspected cancer diagnosis.
- Referral and signposting pathways were clearly documented, and referral processes were rigorously monitored. Signposting criteria relating to some patient test results were under review.
- There was open communication amongst the staff team which was well documented and monitored to ensure agreed actions were completed.
- Policies and procedures were monitored, reviewed and kept up to date with relevant and sufficient information, to provide effective guidance to staff.
- There was a range of local and national initiatives to support the well-being of staff.
- Service users were routinely asked to provide feedback on the service they had received. Complaints were managed appropriately.

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

- Review arrangements for the storage of staff recruitment and personnel records, to promote ease of access and monitoring of compliance with organisational and regulatory requirements by local managers.
- Continue to review signposting criteria relating to the screening for diabetes and heart health.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP Specialist Advisor.

Background to Nuffield Health West Byfleet Fitness and Wellbeing Centre

Nuffield Health West Byfleet Fitness & Wellbeing Centre is part of Nuffield Health, a not-for-profit healthcare provider. The service provides a variety of health assessments for both corporate and private clients. Services are provided to adults only. The service aims to provide a comprehensive picture of an individual's health, covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing. Following the assessment and screening process, patients undergo a consultation with a doctor to discuss the findings of the results and discuss any required treatment planning. Patients are provided with a comprehensive report detailing the findings of the assessment. The reports include advice and guidance on how the patient can improve their health and information to support patients to live healthier lifestyles. Health assessment clients are also provided with a free 30-day pass for the fitness centre. The service can also refer to on-site nutritionist and physiotherapist.

The Registered Provider is Nuffield Health.

Nuffield Health West Byfleet Fitness & Wellbeing Centre is located at Pyford Road, West Byfleet, Guildford, GU22 8UQ.

The core opening hours for health assessments at the service are Monday to Friday 7.30am-4.30pm.

The staff team consists of a clinic manager who is also a physiologist, two health assessment doctors and two physiologists. A physiologist is a graduate in exercise, nutrition and health sciences, and is a member 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.

The service is run from a suite of ground floor consulting rooms within a shared building, which is leased by the provider. There is a shared entrance and reception area to the premises. The service has its own reception and waiting area, separate to the main reception, and a laboratory for the processing of pathology samples. Patients are able to access toilet and shower facilities on the ground floor. Access to the premises is at street level for patients with limited mobility.

How we inspected this service

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.

Good

Are services safe?

Safety systems and processes

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

- The service had systems and processes to safeguard children and vulnerable adults from abuse. All staff had received training in safeguarding vulnerable adults and children at a level appropriate to their role. We reviewed the provider's safeguarding policies which provided appropriate guidance for staff. Staff we spoke with had a clear understanding as to who the safeguarding lead was within the service and how to raise safeguarding concerns about a patient. We noted that patients identified via the initial self-assessment process or during the health assessment, as being at risk of suicide ideation or domestic violence, were flagged and contacted by a duty doctor for support, within 24 hours.
- The provider carried out all required staff checks at the time of recruitment and all required ongoing monitoring, such as professional registration status and medical indemnity confirmation. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (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).
- However, storage of information in relation to staff recruitment and personnel records did not promote ease of access to that information for managers. Some staff checks were undertaken by central teams or external providers and information sharing processes were not always clearly set out. We found that records were stored separately in several different systems which limited managers' oversight of compliance with organisational and regulatory requirements in some instances.
- Staff we spoke with told us that patients were routinely offered a chaperone and we saw there was signage on display within the service which prompted patients to request a chaperone. All staff who acted as chaperones were trained for the role and had undergone a DBS check.
- The service had systems to manage health and safety risks within the premises, such as fire safety and legionella. There were comprehensive processes in place to manage risks associated with the premises and general environment. For example, quarterly workplace inspections and risk assessments were undertaken. Legionella risk assessments were carried out and resulting actions had been completed. We saw evidence of water testing and flushing of infrequently used water outlets. (Legionella is a particular bacterium which can contaminate water systems in buildings). There was guidance and information, including risk assessments, available to staff to support the control of substances hazardous to health (COSHH).
- The provider had carried out an annual review of their fire safety risk assessment. Staff had last participated in a fire drill in March 2022. There was appropriate fire-fighting equipment located within the premises which was regularly serviced and maintained. The service had designated staff who were trained as fire marshals and staff had undertaken fire safety training.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that electrical equipment had undergone portable appliance testing in December 2021. We saw records which confirmed that laboratory equipment, used to process blood samples, was regularly maintained and calibrated. The service had undertaken a comprehensive audit of their laboratory processes, equipment and environment in February 2022 and resulting actions were under review.
- There were effective systems to manage infection prevention and control within the service. Cleaning and monitoring schedules were in place. All staff had received training in infection prevention and control. There were appropriate processes in place to minimise risks associated with COVID-19 transmission. The provider had undertaken an audit of their infection prevention and control processes and all resulting actions had been completed. Regular audits of hand hygiene processes were undertaken. The provider held appropriate records relating to staff immunisations in line with current guidance.
- There were systems for safely managing healthcare waste, including sharp items. We saw that clinical waste disposal was available in consulting rooms. Bins used to dispose of sharps items were signed, dated and not over-filled. External, lockable bins were used to store healthcare waste awaiting collection by a waste management company.

Good

Are services safe?

Risks to patients

There were systems in place to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff required to meet patient needs. The service had recently employed a second doctor in response to increased demand for health assessment appointments.
- There were planned, comprehensive induction processes in place. We reviewed induction records for physiology staff. We saw there was a clear plan of required training and a task completion checklist for staff to complete as part of the induction process. Staff told us induction processes included shadowing other staff and observed assessment of competencies such as phlebotomy.
- We reviewed arrangements within the service to respond to medical emergencies. We found there were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There were documented records of those checks. The provider had undertaken an assessment of the level of risk to patients in the event of a medical emergency which included rationale for the emergency medicines held. There was a defibrillator and oxygen available on the premises which were subject to regular, documented checks.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff had received basic life support training which was annually updated. The service implemented regular emergency scenario events to ensure staff skills were maintained.
- The service included a dedicated laboratory for the processing of pathology samples. Equipment and pathology samples were stored securely within the laboratory. Items requiring refrigeration were stored in a refrigerator which was monitored daily to ensure it maintained the correct temperature range for safe storage. Room temperature monitoring was also undertaken. All temperatures recorded had been within the range for safe storage. Laboratory testing equipment was subject to regular audit, maintenance and calibration to ensure its safe use.
- The service had clear processes to assess the risks associated with COVID-19 transmission. Patients attending for an appointment were directed towards a series of COVID-19 risk assessment questions on arrival. Hand hygiene facilities and masks were available at the entrance to the premises. Guidance on mask wearing and hand hygiene was on display throughout the premises. The service undertook regular auditing of their COVID-19 prevention measures.
- There were appropriate professional indemnity arrangements in place for clinical staff. The provider held a group policy to ensure the indemnity of physiologists

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. We reviewed clinical records relating to seven patients. The clinical records we reviewed showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Clear, accurate and contemporaneous patient records were kept. Health assessment outcomes, lifestyle advice, signposting and referral information were fully documented.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Patients' GP details were routinely recorded unless a patient had declined to share that information. Our review of clinical records confirmed that the service routinely shared required information with patients' registered GP. For example, where further monitoring was required or when referral was made to other services.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, for patients requiring onward referral to secondary care services. The provider had established a centralised referral support team which provided support to local teams and engaged with the patient to ensure an effective referral process. Clinical outcomes were monitored following referral to ensure patient needs had been met.

Good

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.

Safe and appropriate use of medicines

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

- There were systems and arrangements for managing the safe handling of medicines, such as emergency medicines.
- Due to the nature of services provided, there was no prescribing or administration of other medicines to patients by the service.
- Emergency medicines were readily available and in date and supplies were regularly checked. There were documented records of those checks.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues and to support the management of health and safety within the premises.
- The provider had developed monitoring processes which provided a clear, accurate and current picture to local and national leaders which led to safety improvements. Central reporting systems ensured local and group oversight, and prompt intervention when required.
- There were monitoring and auditing processes in place to provide assurance to leaders that systems were operating as intended. Some of those processes were implemented by regional and national support roles who worked closely with local managers to identify risks and implement improvements. For example, a regional physiologist lead assessed some competencies of physiology staff at the end of their induction period.

Lessons learned and improvements made

The service had systems to ensure they learned when things went wrong.

- There was a robust system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The service manager supported them when they did so.
- There were appropriate 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, one reported incident involved urgent abnormal results being received during a weekend which were not acted upon until the following Monday. In response, the provider had implemented a weekend duty doctor role across the group who managed all urgent abnormal results received outside of typical working hours.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. For example, we saw that the service had provided an open and honest apology to one patient who had attended for assessment which could not be fulfilled due to contraindications specific to that patient. The provider had taken immediate steps to remedy the situation and to ensure health assessment booking processes were reviewed using a multi-disciplinary approach, to avoid a recurrence of the incident.
- The service had systems in place for knowing about notifiable safety incidents. The service acted on and learned from external safety events as well as patient safety alerts. When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.

Good

Are services effective?

Effective needs assessment, care and treatment

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

- The provider had systems in place 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 best practice guidance relevant to their service. For example, the provider had reviewed updated guidance issued by the National Institute for Health and Care Excellence (NICE) on recognition and referral for suspected cancers. The provider had made adjustments to their approach to testing patients for prostate cancer indicators in response to the revised guidance. These changes had been implemented by the provider's central medical directorate and cascaded effectively to local services to ensure organisational learning.
- We reviewed clinical records relating to seven patients. We found that patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients completed an online self-assessment document which requested medical history information prior to the patient's attendance for a health assessment and included patient consent.
- Clinicians had enough information to make or confirm a diagnosis. However, we noted that some non-urgent referral and signposting criteria established by the provider may have resulted in a lack of ongoing monitoring for some conditions.
- For example, in screening patients for indicators of diabetes, where blood testing indicated signs of pre-diabetes, physiologists gave the patient lifestyle and dietary advice but did not advise the patient to seek further review in the form of annual blood testing, with their GP. Where patients had not provided their consent for the outcome of their health assessment to be shared with their GP, this information would not be identified by the GP and the patient would not be subject to the required monitoring, in line with best practice guidance. The provider told us they were currently in the process of ensuring those patients with signs of pre-diabetes were managed more robustly and were reviewing their physiology referral and signposting pathway in this regard.
- In screening patients for signs of raised cholesterol levels, where blood testing indicated raised levels just below the provider's parameters for referral, physiologists gave the patient lifestyle and dietary advice but did not advise the patient to seek further review with their GP.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was able to demonstrate quality improvement activity.

- The service was able to demonstrate that it gathered and used information about care and treatment to make improvements. The provider reviewed the effectiveness and appropriateness of the care provided. All staff were actively engaged in monitoring and improving quality and outcomes.
- Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patient outcomes. We reviewed a range of clinical and quality audits. For example, an audit for point of care testing (POCT) which included reviewing the maintenance of equipment and ensuring results were recorded onto the electronic system.
- The provider had developed a health assessment outcomes framework which monitored a range of patient outcomes and included for example, inadequate smear rates, the percentage of urgent abnormal results actioned within 24 hours and the percentage of patients being flagged as being at risk of domestic violence or suicide who were contacted by a duty doctor within 24 hours. Outcomes and findings were reviewed on a monthly basis and prompt action taken to address identified risks. The provider told us that these indicators were designed to align with their previous audit findings, significant events and risk register and were in place to support safe delivery of care and promote clinical excellence.

Good

Are services effective?

Effective staffing

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

- All staff had the appropriate skills and training to carry out their roles. The provider had an effective induction system for staff tailored to their role and a comprehensive induction checklist which was completed throughout the induction period. Physiologists undertaking health assessments were required to undertake an initial defined period of training and assessment to ensure their competence and underwent regular competency reviews where they were observed in practice.
- There was an appraisal system in place and all staff had an annual appraisal completed.
- Staff learning needs were identified through a system of meetings and appraisal which were linked to organisational development needs. Staff were supported through one-to-one meetings, peer review, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Doctors undertaking health assessments were registered with the General Medical Council (GMC) and were up to date with revalidation. Physiologists were registered with The Royal Society for Public Health.
- 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. The service held comprehensive records to monitor when training updates were required. Staff were encouraged and given opportunities to develop their role and progress within the organisation.

Coordinating patient care and information sharing

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

- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. Before undertaking a health assessment, the service requested information relating to a patient's lifestyle, health and their medicines history via a comprehensive health assessment questionnaire.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when referring patients to secondary care services or informing the patient's own GP of any concerns.
- All patients were asked for consent to share details of their health assessment with their registered GP. Where patients agreed to share their information, we saw evidence of outcomes of health assessments and referral information shared with the GP.
- There were robust arrangements for following up on patients who had been referred to other services. The provider had established a centralised referral support team which provided support to local teams and engaged with the patient to ensure an effective referral process. For example, we reviewed the records of one patient who had undergone urgent referral for a suspected cancer and found the referral had been closely monitored. Clinical outcomes were monitored following referral to ensure patient needs had been met.

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.

- The aims and objectives of the service were to support patients to live healthier lives. This was done through a process of assessment and screening and the provision of individually tailored advice and support to assist patients.

Good

Are services effective?

- Each patient was provided with a detailed report covering the findings of their health assessment and recommendations on how to reduce the risk of ill health and improve their health through healthy lifestyle choices. Reports included fact sheets and links which directed patients to more detailed information on aspects of their health and lifestyle.
- The provider offered some flagship support programmes to patients with a view to them having a charitable and social impact and reducing the burden on the NHS. These included a 12-week programme to support individuals impacted and deconditioned by COVID-19 which had also been made available to staff members. Another 12-week programme provided support to individuals to self-manage chronic pain using a combination of education and physical activity, as well as psychosocial support.

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 and provided sufficient information to support that decision making. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We saw that guidance on the principles of the Mental Capacity Act was available to staff in each clinical room.
- There was a documented consent policy which provided appropriate guidance for staff. We found the service obtained consent before undertaking procedures, for example blood testing and specifically for sharing information with outside agencies such as the patient's registered GP.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. Staff were trained in providing motivational and emotional support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.
- The service invited feedback on the quality of care patients received. Following a consultation, patients were sent a survey asking for their feedback. This gave patients the opportunity to make suggestions for improvement to services. Patients that responded indicated they were very satisfied with the service they had received. The service closely monitored the feedback and identified points for learning and areas for improvement.
- Patients were able to request contact to be made by the service as part of the feedback process. Where contact was requested by a patient, the service manager made contact with them within a 24-hour period.

Involvement in decisions about care and treatment

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

- Patients were able to select the health assessment they wanted, and the service provided detailed information on the different assessments and their costs. For example, there were assessments which focused upon cardiovascular or female health.
- Following the assessment, patients were provided with a comprehensive report covering the results of the assessment and screening procedures and identifying areas where the patient could improve their health by making lifestyle changes. The reports used a number of different methods to illustrate the assessment results and resulting recommendations. Patients were encouraged to set and achieve specific and realistic objectives to address results from their assessment. Referrals to other services, including to their own GP, were discussed with patients and their consent was sought to make the onward referral.
- Staff had received training in equality, diversity and inclusion. Translation services were available for patients who did not have English as a first language. There was a hearing loop and reception staff could support patients in its use.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Assessments took place behind closed doors and conversations could not be overheard.
- Patients were collected from the waiting area by the clinician and escorted into the consultation room.
- Chaperones were available should a patient choose to have one. Staff who were designated to provide chaperoning had undergone required employment checks and received training to carry out the role.
- Curtains were provided in consultation rooms to maintain patients' privacy and dignity during assessments and consultations with the doctor.
- Staff complied with the service's information governance arrangements. The service's processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards.

Good

Are services responsive to people's needs?

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 facilities and premises were maintained to a high standard and were appropriate for the services and treatments delivered. All rooms were located on the ground floor. Patients with limited mobility were able to access the premises. Patients had access into the centre via automatic doors.
- The service had its own reception area, separate to the main reception, which was comfortable, private and had water and nutritional snacks available for patients.
- The provider understood the needs of their patients and improved services in response to those needs. The service offered a range of health assessments for patients and also bespoke health assessments tailored to a patient's individual needs.
- Sufficient time was scheduled for staff to complete a patient's assessment and for completion of relevant administration tasks.

Timely access to the service

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

- The service told us that they had recently recruited an additional doctor in response to increased demand for health assessment appointments during the pandemic. Staff told us that high demand had resulted in a wait of 12 to 14 weeks for a health assessment appointment at one stage, but this had now been reduced to six weeks.
- Waiting times, delays and cancellations were managed appropriately. The service reserved some days for rescheduling in the event that appointments needed to be changed due for example, to staff sickness.
- Appointments were available from Monday to Friday between 7.30am and 4.30pm and the length of appointment was specific to the patient and their needs. Patients booked appointments through a central appointments management team.
- The service offered same day pathology results. Many of these were available during the patient's assessment appointment and could then be reviewed and discussed with the doctor.
- The provider had established a duty doctor role which provided out of hours support to ensure urgent blood test results were processed in a timely manner. Patients flagged as being at risk of domestic violence or suicide ideation were contacted by the duty doctor within 24 hours to ensure appropriate support.
- Referrals to other services were undertaken in a timely way and were managed appropriately.
- The provider had established a centralised referral support team which provided support to local teams and engaged with the patient to ensure an effective and timely referral process.
- Patients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service.

Listening and learning from concerns and complaints

The 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.

Good

Are services responsive to people's needs?

- 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's complaints policy and procedures indicated how the service would learn lessons from individual concerns and complaints and from the analysis of trends. The service had received two complaints within the previous 12 months and was able to demonstrate how appropriate and timely actions were taken in response to a complaint.
- Complaints and resulting actions and learning were discussed routinely within regular team and governance meetings. We found that the service had made adjustments to their processes in response to complaints received. For example, staff told us they had reviewed the way they documented health assessment reports to avoid confusion and misinterpretations by the patient.

Good

Are services well-led?

Leadership capacity and capability:

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

- The registered manager was the general manager of the centre and worked closely in conjunction with the service manager. Local and national managers were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the service had recently employed an additional doctor in response to increased demand for health assessment appointments during the pandemic.
- The service was part of a national, charitable organisation which implemented extensive governance and management systems. This provided a range of local and centralised reporting mechanisms and quality assurance monitoring processes to support the safe delivery of care.
- Leaders were visible and approachable. They worked closely with the small team of staff and others to make sure they prioritised compassionate and inclusive leadership.
- There was a clear local, regional and national staffing structure in place across the organisation and staff were aware of their individual roles and responsibilities.
- There were clear, open lines of communication between all staff. Staff we spoke with felt well supported and described leaders within the service as highly approachable and responsive. Staff told us they had regular one-to-one interaction with the service manager due to the small nature of the service. Doctors providing health assessments told us they were well supported and participated in weekly meetings with the organisation's clinical lead.

Vision and strategy

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

- The provider had a vision and desire to provide a high-quality service. There was a documented vision and set of values. The provider had an established values framework which stated that they put patients, customers and colleagues at the heart of everything they did.
- The service had a realistic strategy and supporting plans to achieve organisational priorities. The provider's vision and strategic direction statement included social impact, financial sustainability, quality, and the provision of a connected health and well-being service with a loyal brand.
- The provider had set out a 'healthy environment plan' which highlighted key milestones in their ambition to achieve a 5% reduction of carbon emissions in 2022 and to be carbon net zero by 2040. Measures included for example, switching gas boilers to low-carbon heat and establishing a green procurement policy.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that all staff were fully engaged in ensuring the promotion of optimum outcomes for patients.

Culture

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

- Staff felt respected, supported and valued. The service focused on the needs of patients.
- Leaders and managers encouraged behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. There had been no serious incidents in the past 12 months. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour, and these were embedded in corporate policies.

Good

Are services well-led?

- 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. Staff had received regular annual appraisals in the last year and had participated in regular one-to-one review meetings with their line manager. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. There was a nominated well-being champion within the service. The provider had developed an online healthy work hub to promote the well-being of staff. The hub provided staff with a range of information, resources and tools under the headings of social, emotional, physical and financial wellbeing. There was a COVID-19 rehabilitation programme available to affected staff which included physical and emotional well-being support. Staff were able to access a hardship fund if struggling financially. Wellbeing days were planned to provide staff with time away from the service.
- 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 prompt and effective communications across the staff team. Staff meetings were held regularly. Organisational communications were shared effectively across the group.

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 and understood. Regional and national structures and processes implemented by the provider ensured appropriate levels of support to local teams to ensure consistent and effective governance arrangements.
- The provider had been awarded ISO 9001 certification for their documentation and quality management systems.
- The provider had established appropriate policies, procedures and activities to ensure safety and assure themselves that processes were operating as intended. We found the policies contained sufficient and up to date information to provide clear guidance to staff. Policies reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE) and the Health and Safety Executive (HSE).
- There were comprehensive systems in place for monitoring the quality of service delivery and to promote continuous improvement. The provider had developed a health assessment outcomes framework which monitored a range of patient outcomes. A wide range of regular quality assurance audits, health and safety checks and risk assessment processes were undertaken. The service closely monitored feedback received from patients and identified points for learning and areas for improvement.
- Staff clearly understood their individual roles and responsibilities and were well supported by the service manager in fulfilling those roles.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care. We saw examples of timely and effective sharing of information with other agencies and patients' registered GPs, in order to ensure the safe care and treatment of patients.
- Staff spoke of regular team meetings they had attended, and we saw the comprehensive records and documented actions resulting from those meetings where for example, updates, incidents and complaints had been discussed. There were clear and well-planned arrangements for the review and clinical supervision of clinical staff employed by the service.

Managing risks, issues and performance

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

Good

Are services well-led?

- There were effective governance processes to ensure leaders were able to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was clear evidence of a commitment to change services to improve quality where necessary.
- Managers had oversight of safety alerts, incidents, and complaints. There was a system for recording and acting upon 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 was a series of daily, weekly, monthly, quarterly and annual quality assurance audits undertaken which meant that risks were promptly identified.
- There were clear escalation procedures. Centralised health and safety and clinical governance teams provided support to local teams to ensure appropriate actions were taken. The service maintained a comprehensive risk register and quality assurance review action plan which was continuously reviewed and updated.
- There were processes for capturing and sharing national data to promote learning and continuous improvement across the organisation.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through clinical supervision and audit of their consultations, referral decisions and patient outcomes.
- The provider had a comprehensive business continuity plan in place which outlined actions to be taken in the event of a serious incident or interruption to services.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. There were plans to address any identified weaknesses. Performance information was combined with the views of patients.
- However, we found that the management of information in relation to staff recruitment and personnel records did not promote ease of access to that information for managers. Some staff checks were undertaken by central teams or external providers and information sharing processes were not always clearly set out. This limited managers' oversight of compliance with organisational and regulatory requirements in some instances.
- Governance meetings were held regularly where quality and risks were discussed. Outcomes and learning from the meetings were documented and cascaded to staff.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Processes ensured that all confidential electronic information was stored securely on computers. Staff demonstrated a good understanding of information governance processes.
- Meetings were held regularly where quality and risks were discussed. We reviewed minutes of team meetings held within 2022. We saw that actions, outcomes and learning from the meetings were documented and cascaded to staff.
- The service submitted data or notifications to external organisations as required.

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 organisational culture.
- All patients were asked to provide feedback following their treatment at the service. Concerns raised were acknowledged and responded to promptly.

Good

Are services well-led?

- Where necessary a further follow up telephone call took place in order to resolve concerns. Patients were able to request a call back following their appointment which was responded to by the service within a 24-hour period.
- Staff could describe to us the systems in place for them to give feedback. The staff team worked closely together and had both formal and informal opportunities to provide feedback through staff meetings, appraisals and discussion.
- Staff felt confident in providing feedback to managers. The provider had identified a freedom to speak up guardian to provide additional support to staff.
- The provider offered staff the use of an online well-being platform and a range of other well-being initiatives.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were 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 review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation, including a focus on the use of digital technology to drive improvement.
- The provider had developed a range of innovative flagship rehabilitation programmes to provide support to individuals and to reduce the burden on the NHS.
- The provider worked in partnership with a range of organisations in health promotion and disease prevention. For example, a partnership with one university was focused upon producing evidence-based research for improved customer and patient outcomes.