

Nuffield Health

Nuffield Health Romford Fitness and Wellbeing Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection at Nuffield Health Romford Fitness & Wellbeing Gym on 31 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found areas where improvements should be made relating to the safe provision of treatment. This was because a risk assessment was not in place to identify a list of emergency medicines that were not suitable for the service.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 service was not inspected under our previous inspection regime.

A registered manager is in place. 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.

The service is registered with the Care Quality Commission to provide the regulated activities of:

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

Summary of findings

We received two completed comment cards, both of which were very positive about the service and indicated that patients were treated with kindness and respect. Staff were described as helpful, knowledgeable, welcoming and transparent.

Our key findings were:

- There was evidence in place to support that the service carried out assessments and diagnostics in line with relevant and current evidence based guidance and standards.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- There was evidence to demonstrate that the service operated a safe and timely referral process.
- The provider operated safe and effective recruitment procedures to ensure staff were and remained suitable for their role.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring that high quality care was delivered by the service.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Systems were in place to protect personal information about patients
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the internal November 2017 survey showed patients felt they were treated with dignity, respect and in a timely manner.
- The service had a complaints policy in place and information about how to make a complaint was available for patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas where the provider should make improvements are:

- Undertake a risk assessment to identify a list of emergency medicines that are not suitable for the service to stock.
- Review and update the business continuity plan.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found areas where improvements should be made relating to the safe provision of treatment.

- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- All staff had received safeguarding training appropriate for their role. All staff had access to local authority information if safeguarding referrals were necessary.
- We reviewed personnel files for all members of staff and found the service undertook
- Most risks to patients were assessed and managed,
- The service had a business continuity plan, however it did not include emergency contact number for staff and other necessary information.
- The provider was aware of the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and the service undertook infection control audits.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Patients' needs were assessed and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- Staff were aware of most current evidence based guidance.
- The practice had systems to keep all clinical staff up to date.
- The service had arrangements in place to share information appropriately for example, when patients were referred to other services.
- There was evidence of appraisals and personal development plans for staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- The service provided facilities to help patients be involved in decisions about their care.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and assessments.
- The services November 2017 satisfaction survey results indicated that patients felt their dignity was respected during examinations with the doctors.
- Chaperone posters were on display in treatment rooms.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- The premises were suitable for the services provided.
- Staff told us translation and interpreting services were available, however there were no notices on display informing patients this service was available.
- Patients had a choice of time and day when booking their appointment.

Summary of findings

- Standing operating procedure for complaints was in place and information about how to make a complaint was available for patients.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- Nuffield Health's strategic intent was to help individuals to achieve, maintain and recover to the level of health and wellbeing they aspired to be, by being a trusted provider and partner.
 - Staff interviewed demonstrated they understood the organisations values and visions.
 - The service had policies and procedures to govern day to day activities.
 - The service had systems in place which ensured patients' data remained confidential and secured at all times.
 - The service proactively sought and monitored feedback from patients and staff.
 - There was a focus on learning and development; clinical staff attended training sessions as part of their personal and continuing professional development.
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Nuffield Health Romford Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

Nuffield Health Romford Fitness and Well-being Centre is part of a large organisation known as Nuffield Health UK. It is located on the ground floor of a popular shopping centre which houses a supermarket, restaurants and entertainment centres. It is well served by local buses and National Railway services. The service is registered with the Care Quality Commission to provide the following regulated activities from: 4 The Brewery, Romford, Essex, RM1 1AU.

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

Nuffield Health Romford has been providing clinical services from their present location for six months having relocated from their previous site in Brentwood, Essex. All health assessments, diagnostics and referrals provided by Nuffield Romford were undertaken in treatment rooms located on the ground floor.

Health assessments are provided by two female doctors and three physiologists (one male, two female). The service is overseen by a general manager who is also the registered person and is supported by the clinic manager. Administrative support is provided by various male and female reception staff. The types of health assessments available and advertised to patients are:

- 360+ in depth health assessment for cardiovascular health.
- 360 health assessment for those who had concerns about long term conditions such as diabetes and heart disease.

- Lifestyle assessment focusing on health issues and lifestyle change.
- Female assessment for those who has concerns relating to the female health; this includes breast examination and cervical cytology screening.

The service sees between 100-200 patients on average each month and maintained comprehensive medical records for all patients. Patients who require further investigations or any additional support are referred on to other services such as their NHS GP or an alternative health provider.

The service's opening hours are Monday to Friday 8am to 4.30pm however earlier and later appointments are available at different locations.

A registered manager is in place. 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.

How we inspected this service

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

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.

Detailed findings

- Viewed a sample of key policies and procedures.
- Spoke with one doctor, physiologist and general manager.
- Viewed anonymised patient records.
- Made observations of the environment and infection control measures.
- Reviewed two CQC comment cards.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations, however the provider had not risk assessed the impact of not having certain emergency medicines could have on patients who use the service.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted stringent risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse.
- Policies were regularly reviewed and were accessible to all staff. Staff had access to an on-site safeguarding officer as well as flowcharts that outlined clearly who to go to for further guidance, for example, if they had concerns relating to female genital mutilation (FGM) the flowchart instructed them on the appropriate course of action.
- We saw evidence the service worked with other agencies such as the police 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 centralised human resources team carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. 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. Doctors and Physiologists employed by the service were trained to child protection or child safeguarding level two which

was the minimum level required for clinical staff who have some degree of contact with children and young people and are/or parents. Patients under 18 were not seen at this location.

- Staff who acted as chaperones were trained for the role and had received a DBS check. (DBS)
- There was an effective system to manage infection prevention and control.
- We observed the premises to be visibly clean and tidy and we saw that cleaning schedules were maintained.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and completed audit showed the service took action to address any areas of concern.

Risks to patients

The systems to assess, monitor and manage risks needed strengthening to ensure patient safety.

- The practice had adequate arrangements to respond to most emergencies and major incidents. During our visit we saw that the service had a defibrillator, pulse oximeter and oxygen with adult masks on site; all staff had received training on how to use these equipment.
- The only emergency medicine held on site was adrenaline (used to treat anaphylaxis or acute angio-oedema). From conversations had with the management team on the day of inspection, we were told that this was being reviewed at corporate level. The service could not demonstrate that they had undertaken a risk assessment to identify a list of other emergency medicines that were not suitable to stock.
- We saw evidence all staff had received annual basic life support training.
- There was a comprehensive business continuity plan, however it did not adequately detail how the service would respond to major incidents such as power failure or building damage.
- There were arrangements for planning and monitoring the number and mix of staff needed. The capacity management team organised cover for sickness and annual leave.

Are services safe?

- There was an effective induction system for temporary staff tailored to their role and standing operating procedures were in place to ensure locum doctors worked safely.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The service undertook a fire risk assessment in September 2017 and we saw evidence action was taken to remedy any improvements identified as a result.
- Fire drills were carried out and records reviewed demonstrated this was done as per the minimum recommended schedule and the emergency response alarms were tested daily to ensure they were in good working order.
- There were designated fire marshals within the practice who had received appropriate training. There was a fire evacuation plan which identified how staff could support patients with mobility problems to evacuate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as legionella and emergency lighting testing and inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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 looked at showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

- The service utilised quality management software to aid in the dissemination of national and local alerts such as those from Medicines and Healthcare Regulatory agency (MHRA) and National Reporting and Learning System (NRLS). Alerts were reviewed and discussed by the clinical team and then uploaded onto a shared drive for future reference and for those who were unable to attend the meeting.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

There were no medicines held on the premises, with the exception of emergency medicines for use in a medical emergency; these were all stored securely in a lockable cupboard. There were no prescribing or dispensing carried out at this site.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice 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 practice learned and made improvements when things went wrong.

- The service used a risk management tool for reporting, recording and managing significant events and incidents. Incidents reported were audited to identify any themes and were automatically submitted to external organisations such as the Care Quality Commission.
- 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 practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following a recent blood spillage, the service took the appropriate

Are services safe?

action and we saw that lessons were learned and cascaded to the wider team. Staff directly involved in the incidents were asked to reflect and share learning during their one to one meeting.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service had systems and process to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff reminded patients the remit of the service and where to seek further help and support.

Monitoring care and treatment

- The service had a comprehensive programme of quality improvement activities and used this to routinely review the effectiveness and appropriateness of the care provided. Internal benchmarking was used by the provider to evaluate the service and drive improvement regionally and nationally. There was a focus on outcomes which were monitored through the use of key performance indicators (KPI), risk management tools, performance tools and other initiatives. There had been three audits undertaken in the last two years and the improvements made to the service were evident. Examples of completed audit undertaken related to clinical quality assurance and clinical waste.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included taking samples for cervical cytology screening could demonstrate how they stayed up to date.

- The practice 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.

- The service had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, COSHH, fire safety, health and safety and confidentiality.
- At our inspection, all staff excepting the newest recruit had access to the online academy and could access mandatory training courses as well as additional training for personal development.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included coaching and mentoring, clinical supervision and facilitation and support for revalidating doctors. Doctors appraisal were up to date and all had been revalidated by the General Medical Council (GMC).
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred health assessment. This included when they moved between services, when they were referred, or after they were discharged from one of the hospitals within the Nuffield group.
- The practice worked with patients to develop personal care plans that were shared with other internal services.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The services core values centred around helping patients to achieve optimal health.
- Patients could choose from a range of health assessments which included basic and comprehensive

Are services effective?

(for example, treatment is effective)

lifestyle assessments. Assessments included a consultation with a doctor or physiologist, same day test results, personalised report, and if necessary referral to other specialist organisations.

- Monthly educational events were held at the service's location where different health topics were discussed.
- Doctors and physiologists educated patients on the importance of healthy behaviour change and guided them to resources that may aid them in living healthier lives.
- The practice supported initiatives to improve the population's health, for example, smoking cessation, emotional wellbeing and weight management.

Consent to care and treatment

The practice had a policy for obtaining consent from patients before any care or treatment was provided. In addition, consent statements were visible in treatment rooms and the service ensured there was clear information available with regards to the services provided and the cost of these. As part of our visit we reviewed a random selection of consultation records of patients who used the service. We were satisfied there was sufficient evidence to show that staff provided patients with appropriate information and support in choosing their treatment. Staff sought patients' consent to care and treatment in line with legislation and guidance. Clinical staff we interviewed on the day understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- On the day of inspection, we observed staff involved in the patient journey treated them with dignity, respect and compassion at all times. We observed treatment rooms to be spacious, clean and curtains were provided. We saw that treatment rooms were kept closed during patient's consultation.

Involvement in decisions about care and treatment

The service sought patients feedback following their consultations. Results from the November 2017 survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. One hundred and twenty two (122) survey forms were distributed and 16 were returned. This represented a response rate of 13% :

- 90% of patients who responded said they received clear explanation of the assessment process from the clinician. This was comparable to the overall achievements of other well-being services managed by the provider.

- 90% of patients who responded said they were given an adequate explanation of the findings and results that were available.
- 89% of patients who responded said they left the health assessment with clear and realistic action points.
- 84% of patients who responded said the report they received was clear, accurate and (if appropriate) explained any significant health issues.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998 and all staff had received training in Information governance.
- Chaperones posters were on display in treatment rooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

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

- The premises were suitable for the service provided and there were facilities in place for people with mobility difficulties.
- The service offered a range of health, wellbeing and lifestyle assessments.
- We were told translation and interpreting services were available for patients who did not have English as a first language and could be arranged by the central bookings team.
- Patients were able to access information about the service through a variety of sources, for example, website and booklets.
- The service proactively promoted a healthy lifestyle, for example, they held monthly educational events.
- Health assessments were personalised to reflect individual patient health.
- Most health assessment appointments were booked via the central booking team.

Timely access to the service

The service was open between 8am and 4.30pm Monday to Friday. Appointment times varied according to the type of health assessment chosen by the patient. For example:

- 360+ assessment: 3hours
- 360 assessment: 2hours
- Lifestyle assessment: 1hour
- Female assessment: 1hour

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use; 78% of patients surveyed found the online portal easy to use.

Results from the November 2017 in house patient survey showed that patients' were satisfied with how they could access care and treatment. One hundred and twenty two (122) survey forms were distributed and 16 were returned. This represented a response rate of 13%:

- 89% of patients who responded stated that their telephone call was answered in a timely manner.
- 89% of patients who responded said the person who made their health assessment booking was friendly and helpful.
- 82% of patients who responded said that the appointment they were offered suited them.
- 83% of patients who responded said the clinic was easy to find.
- 85% of patients said they would recommend a health assessment to family, friends or colleagues.

Listening and learning from concerns and complaints

- There was a lead member of staff for managing complaints.
- The service had a complaints policy in place and information about how to make a complaint was available for patients. The complaints information detailed that complainants could refer their complaint to the Independent External Adjudicator if they were not happy with how their complaint had been managed or with the outcome of their complaint.
- The service told us that one complaint had been made during the last 12 months, and found it was dealt with satisfactorily and in a timely manner. Lessons were learned from individual concerns and complaints and also from analysis of trends and action taken as a result to improve the quality of care. For example, the complaint we looked at was related to appointment booking and costing. We saw that the complaint was investigated, evidence collated, discussed in practice meeting and written response was provided to patient

Are services responsive to people's needs?

(for example, to feedback?)

as per the standard operating procedure. There was evidence which demonstrated complaints and concerns were being discussed and learning was shared at regional and national level.

- Compliments were recorded and monitored by the service.

Are services well-led?

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

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

The service is part of Nuffield Health which is a large not for profit healthcare organisation. Nuffield Health runs a number of health related services such as hospitals, health assessment and diagnostic clinics and gyms and well-being centres.

On the day of our inspection, we saw that leaders had the capacity and skills to deliver high-quality, sustainable care. They ensured staff had access to a suite of standard operating procedures as well as robust IT systems which ensured tasks were carried out satisfactorily. Managers at local level demonstrated they also had the necessary experience, capacity and skills to deliver the strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Staff we spoke with told us managers across all levels of the organisation were visible, approachable and provided support where necessary.

Vision and strategy

Nuffield Health's strategic intent was to help individuals to achieve, maintain and recover to the level of health and wellbeing they aspired to be, by being a trusted provider and partner. This was also underpinned by a clear set of values and behaviours which was reflected through the management team on the day of our inspection. From conversations had with a range of staff, it was evident that they understood the culture of the organisation and what it stood for. Strategies in place were realistic and reflected the local business environment. The service monitored progress against delivery of the strategy by using internal benchmarking tools to assess performance locally as well as nationally.

Culture

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

- Staff told us they felt respected, supported and valued. They were proud to work in the service.

- Managers on the day acted on behaviour and performance which were consistent with the organisation's mission statement, vision and behaviours.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The organisation ensured staff had access to a duty of candour policy and there were systems and processes to ensure compliance with the requirements.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. Specific whistleblowing training was available through the academy online training tool.
- 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.
- Doctors and Physiologist were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff benefits and rewards included free gym membership and three yearly health assessments.
- Management acknowledged and recognised staff hard work and accomplishments through initiatives such as "star of the week".
- The organisation 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 fairly.
- There were positive relationships between management 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.

Are services well-led?

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The organisation 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 practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, diagnostics and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Risk management systems were used to identify, monitor and mitigate risks to patients and staff.

Appropriate and accurate information

The practice 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 practice 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 identified weaknesses in one of the organisations reporting tool as it did not always accurately reflect the service's current standing.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice 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 encouraged feedback from patients. It sought patients' feedback and engaged patients in the delivery of the service and told us this was used to improve the service they offered. Patients feedback was encompassed with other operational areas to identify and improve underperforming areas. We noted that the most recent patient survey indicated that patients were satisfied with the service. Staff were also encouraged to provide feedback using their monthly scorecards which addressed numerous areas from performance to morale.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. Managers understood the dynamism of the environment in which they operated and told us that the organisation was in the process of rolling out their newest product. They told us this product would be better supported if the Information technology issues were resolved as the current systems did not always communicate effectively. Management told us there were plans in place to improve the service's technological systems.