

# Independent Healthcare Inspection Report (Announced)

## Resilience Health

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# Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

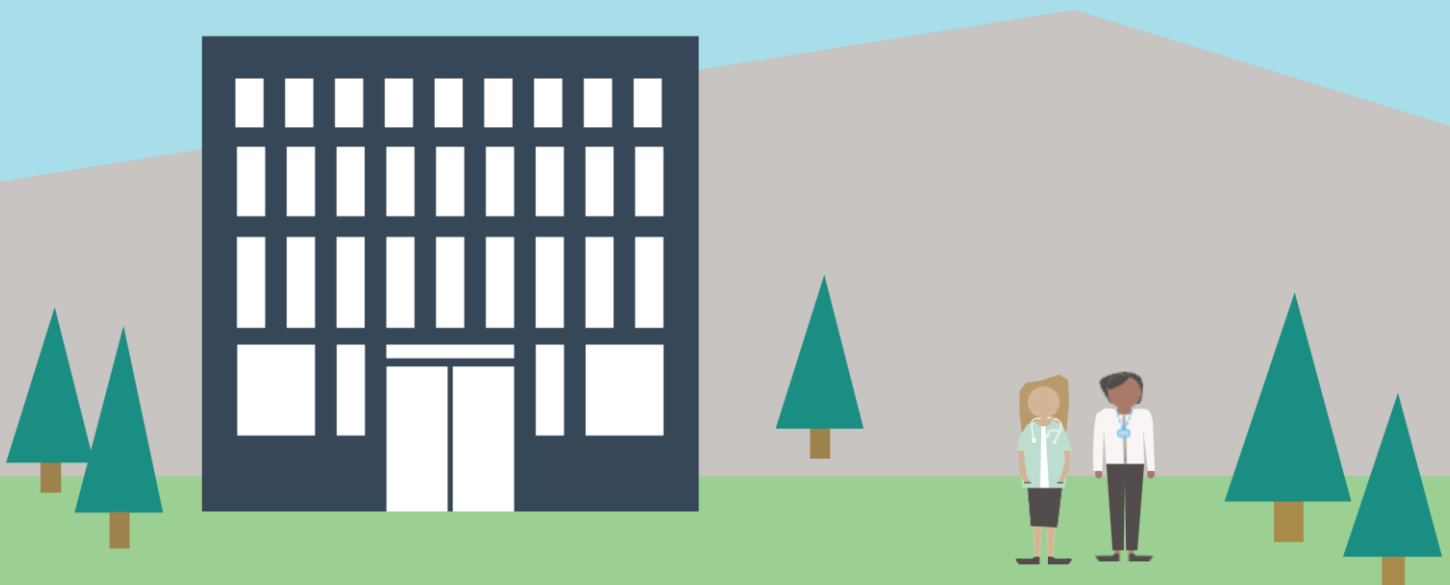
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Resilience Health on 26 March 2024. The clinic uses virtual appointments to consult with patients across Wales and the UK.

Our team for the inspection comprised of a HIW senior healthcare inspector and a clinical peer reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

Patients were being provided with a range of health promotion and lifestyle advice to help prevent chronic health conditions. Patients were required to complete a pre-assessment questionnaire to identify their health and wellbeing needs.

We saw evidence of completed consent agreements being completed by patients and the registered manager prior to their consultation.

This is what the service did well:

- The registered manager had completed Equality and Diversity and 'Treat me Fairly' training
- The pre-assessment questionnaire asked patients for their preferred pronouns.

### Delivery of Safe and Effective Care

Overall summary:

Online consultations are undertaken using encrypted software to provide confidentiality to patients. A risk assessment would be completed to identify potential hazards and assess the level of risk associated with any home visits.

The registered manager had completed appropriate safeguarding training and demonstrated good knowledge of safeguarding procedures and reporting arrangements.

The registered manager had completed regular continuous professional development opportunities and training to develop their knowledge of any new or revised clinical guidance.

This is what we recommend the service can improve:

- The contact details for the local safeguarding team must be added to the Safeguarding policy.

This is what the service did well:

- Patient records were being well maintained and kept securely.

## Quality of Management and Leadership

Overall summary:

The day-to-day management of Resilience Health was the responsibility of the registered manager, who we found to be committed to providing high quality patient care. The registered manager was able to demonstrate appropriate skills and knowledge to ensure good governance and management of the service.

This is what the service did well:

- Policies and procedures were up-to-date and in line with regulatory requirements.

## 3. What we found

### Quality of Patient Experience

#### **Health protection and improvement**

Resilience Health provides lifestyle advice to patients in an effort to prevent chronic health conditions. Patients can be provided with a range of health promotion information on topics such as sleep, stress, exercise, nutrition and metabolic health.

#### **Dignity and respect**

Consultations are typically undertaken online between the registered person and each patient. The registered person requires patients to be in a private space for the consultation where they can talk freely without being overheard by other people. Patients are referred to their local GP if the registered manager believes a physical examination is required as a result of their initial consultation.

#### **Patient information and consent**

The Patients' Guide for the clinic is provided to each patient prior to their online consultation. We saw that it included all the relevant information required by the regulations and was in date. An up-to-date Statement of Purpose was also available as required by the regulations. This set out information about the clinic and included information about the services offered and how they could be accessed.

We saw evidence of an up-to-date written policy in place on obtaining informed consent from patients. Patients are required to sign an agreement for consent prior to their consultation. We saw evidence of completed consent agreements during our review of the patient records.

#### **Care planning and provision**

Each patient is required to complete a pre-assessment questionnaire to identify their health and wellbeing needs prior to their consultation. The questionnaire also provides an overview of each patient's medical history. Following a consultation patients may be referred to undertake various diagnostic tests in the privacy of their own home. Any abnormal test results are discussed with the patient, and patients would be informed that they need to make an appointment with their GP.

#### **Communicating effectively**

The registered manager told us that any language needs are discussed with patients during their consultations. However, while attempts would be made to



use a translation service if necessary, the registered manager could only feasibly facilitate consultations in English to ensure patients fully understood their diagnosis and treatment options. We suggested that it may be beneficial to ask patients about their language needs on the pre-assessment questionnaire so that any potential language barriers are identified at an earlier stage.

### **Equality, diversity and human rights**

The clinic had an up-to-date Equality and Diversity policy in place, and we were told all patients would be treated equally. The pre-assessment questionnaire asked patients for their preferred pro-nouns with we noted as good practice. The registered manager had completed Equality and Diversity and 'Treat me Fairly' training.

### **Citizen engagement and feedback**

We saw that a feedback form was available for patients to provide feedback on their experiences. However, due to the small number of patients seen by the registered manager, the feedback forms had not yet been issued. Instead, the registered manager described the importance of regular online communication and follow-up sessions in determining patient satisfaction with their care.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

The registered manager informed us that only on rare occasions had they visited a patient in their own home before. We saw that an up-to-date Lone Worker policy was in place that set out the procedures to follow to protect the registered manager when visiting patients in their own homes. This included conducting a risk assessment to identify potential hazards and assess the level of risk associated with the visit.

## **Medicines management**

The registered manager confirmed that they do not store or prescribe medication to patients.

## **Safeguarding children and safeguarding vulnerable adults**

The registered manager had completed appropriate safeguarding training and demonstrated good knowledge of safeguarding procedures and reporting arrangements. An up-to-date Safeguarding policy was in place to help promote and protect adults who are vulnerable or at risk. However, we noted that the policy did not contain the contact details for the local safeguarding team.

**The service must update the Safeguarding policy with the contact details for the local safeguarding team should a safeguarding issue arise.**

## **Safe and clinically effective care**

The registered manager analyses the pre-assessment questionnaires and discussions during each consultation to determine a care and treatment protocol for each patient based on their results which patients can review and then decide whether they wish to follow.

The registered manager informed us that they receive safety bulletins and alerts through their other job in primary care and would apply the learning to their role within the clinic. The registered manager was also a member of professional working groups where they could ask advice on clinical issues if required.

## **Participating in quality improvement activities**

We saw evidence that the registered manager had completed regular continuous professional development opportunities and training to develop their knowledge of any new or revised clinical guidance.

**Information management and communications technology**

Online consultations are undertaken using encrypted software to provide confidentiality to patients. The registered manager confirmed that consultations online are not recorded.

**Records management**

Patient records were being maintained electronically. The system was password protected to prevent unauthorised access and breaches in confidentiality.

We checked a sample of five patient records and noted that they were clear, accurate and legible. The records were easy to follow and provided an overview of all relevant clinical advice and treatment offered to patients.

# Quality of Management and Leadership

## **Governance and accountability framework**

Resilience Health is owned and run by the registered manager. We looked at a sample of policies and procedures and found them to be sufficient and in line with regulatory requirements. The services that had been provided at the service, at the time of our inspection, were in accordance with the conditions of registration with HIW.

## **Dealing with concerns and managing incidents**

There was a detailed complaints policy in place. A summary of the complaint procedure was also included within the statement of purpose and Patients' Guide. The registered manager confirmed that they had received no complaints to date.

## **Workforce recruitment and employment practices**

As the registered manager is the owner and sole employee there were no records to inspect in relation to employee workforce planning.

## **Workforce planning, training and organisational development**

We were provided with a current Disclosure and Barring Service (DBS) check for the registered manager.

As the registered manager is the only person employed at the clinic, there were no workforce recruitment or employment practices in relation to employees.

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

# Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

# Appendix B - Immediate improvement plan

**Service:** Resilience Health

**Date of inspection:** 26 March 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate assurance issues were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** Resilience Health

**Date of inspection:** 26 March 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. The Safeguarding policy did not contain the contact details for the local safeguarding team.	The service must update the Safeguarding policy with the contact details for the local safeguarding team should a safeguarding issue arise.	Safeguarding children and safeguarding vulnerable adults	The Safeguarding policy has been updated with local safeguarding contacts for the team in the Cardiff and Vale area. Given clients may not live in this area, the safeguarding team of the area that will be found by using the search “what is the local safeguarding team for (name of area)”.	Dr Rini Chatterjee	1 week



The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):** Rini Chatterjee

**Job role:** Registered Manager

**Date:** 29 May 2024