

# Nuffield Health Preston 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?

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 an announced comprehensive inspection at Nuffield Health Preston Fitness and Wellbeing Centre as part of our inspection programme. This was the first inspection of this independent health service.

Nuffield Health Preston Fitness and Wellbeing Centre provides health assessments to adults including a range of testing and screening processes. Following the assessment and screening process by a physiologist and a doctor, patients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. (A physiologist is a clinician trained to a master's degree level in physiology, anatomy, biochemistry and disease management.)

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Nuffield Health Preston Fitness and Wellbeing Centre provides a physiotherapy service which is not within CQC scope of registration. Therefore, we did not inspect or report on this service.

The clinic manager is 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.

Three people provided feedback about the service and all were very positive. Staff were described as professional and knowledgeable and people said they listened and gave good, clear advice.

## **Our key findings were :**

- The service had systems in place to keep people safe and safeguarded from abuse. There were clear guidelines for staff for recognising and reporting safeguarding concerns.
- There were comprehensive recruitment procedures in place to ensure staff were suitable for their role.
- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Services were organised and delivered to meet patients' needs; patients were supported to live healthier lives. Staff treated patients professionally with respect and understanding.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was evidence of ongoing quality improvement across various areas such as internal key performance indicator monitoring, adherence to regulatory and best practice standards and quality audits.
- Continuous learning and improvement were central to the organisation. Patient needs were used to inform service development and were fundamental to the organisation aims and values.

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

# Overall summary

- Review the risk assessment for emergency medicines not held by the service to address the risk of patients showing symptoms of angina (a heart condition) due to exercise tolerance testing.
- Consider introducing checks to confirm patients are over 18 years of age for non-corporate clients where considered necessary.

**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. The team included a GP specialist adviser.

## Background to Nuffield Health Preston Fitness and Wellbeing Centre

Nuffield Health Preston Fitness and Wellbeing Centre provides health assessments to adults that include a range of testing and screening processes carried out by a physiologist and a doctor. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. Patients can also access physiotherapy at the clinic. The clinic opened in October 2018 although the provider has been in operation since 1957.

The service is delivered from the clinic based at Nuffield Health Preston Fitness and Wellbeing Centre, Capitol Centre, Walton-le-dale, Preston, Lancashire, PR5 4AW and is registered to provide the regulated activities of Diagnostic and screening procedures and the Treatment of disease, disorder or injury from this location. None of the regulated services provided by the service are available to people under the age of 18. The Centre also houses a gym, a swimming pool, a beauty suite, a café and a children's nursery and activity centre.

There are five clinic rooms offering a range of services, four days a week 8am – 7.30pm. Patient health assessments are offered on Thursdays by one doctor and one physiologist to a maximum of six patients. The majority of health assessments are accessed by people employed by corporate providers as part of their occupational health scheme. Staff are supported by a wider local and national provider team of managers and staff. Patients book appointments via a central booking centre and can choose to be seen at any of the other health and wellbeing centres in the UK. The nearest clinic to the Preston location is in Manchester.

Health assessments are categorised and promoted as:

- A lifestyle health assessment with a physiologist, for patients wanting to reduce health risks.
- A female assessment with a doctor, for all aspects of female health.
- A 360° health assessment with a physiologist and a doctor which includes a review of diabetes and heart health risks.
- A 360° health assessment with a physiologist and a doctor which focusses on cardiovascular health.

Personalised Assessments for Tailored Health (PATH) are also available, these are tailored to suit the patient's individual needs. At the time of our inspection, these assessments were only available to patients employed by a service that had signed up to this package as part of their employee health and wellbeing scheme.

### How we inspected this service

Before our inspection we reviewed a range of information about the service, this included patient feedback from the public domain, information from the provider's website and the provider's CQC information return. During our visit we:

- Looked at the systems in place for the running of the service
- Explored how clinical decisions were made
- Viewed a sample of key policies and procedures
- Spoke with a range of staff
- Looked at a random selection of anonymised patient reports
- Made observations of the environment and infection control measures
- Reviewed patient feedback including 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?

## We rated safe as Good because:

The service had systems to keep people safe and safeguarded from abuse. The service had a good safety record and there were systems to assess, monitor and manage risks to patient safety. The service learned when things went wrong and took steps to prevent incidents from reoccurring. Staff had the information they needed to deliver safe care and treatment to patients.

## Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had processes and systems in place to keep patients safe and there were systems to safeguard children and vulnerable adults from abuse. We saw safeguarding policies and flow charts in place which outlined who to contact for further guidance, for instance if staff had concerns about a patient's welfare. Staff we spoke with confirmed this.
- All staff were required to undergo annual safeguarding training and we saw that the service effectively monitored this to ensure all staff were up to date with their training. Clinical staff were trained in safeguarding children and adults at level two and the clinic manager and general manager at level three. The service did not see patients under the age of eighteen years although patient age was not routinely confirmed for people not referred through their employer; the provider was aware of safeguarding processes and procedures and offered sexual health services to patients.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service liaised with the most suitable organisation to ensure vulnerable patients were offered support, this included the police, the NSPCC (national society for the prevention of cruelty to children), local safeguarding teams and support organisations such as the Samaritans.
- The provider carried out comprehensive staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required including for those who acted as chaperones; chaperones had also been trained for this role. (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). DBS checks for clinical staff were renewed every three years. Recruitment systems were routinely monitored in areas such as registration with the appropriate professional bodies and appropriate indemnity arrangements.
- There was an effective system to manage infection prevention and control. We observed the premises to be visibly clean and tidy and we saw cleaning specifications were in place. Records were kept to evidence medical equipment was frequently cleaned. Systems were in place to ensure clinical waste was appropriately disposed of and staff had access to personal protective equipment including disposable gloves, aprons and coverings. The clinic manager was the infection control lead and staff received infection control training. There was an infection prevention control protocol in place and we saw records of completed infection control and cleaning audits.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. We saw assessments for all aspects of health and safety including staff lone working. There was a health and safety policy in place and all staff were trained in aspects of health and safety.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw calibration records to ensure clinical equipment was checked and working. We saw fire risk was formally assessed, fire drills and weekly fire alarm testing was recorded, and staff had received fire training. We saw formal risk assessments in place for the control of substances hazardous to health and for the risk of legionella. (Legionella is a term for particular bacteria which can contaminate water systems in buildings.) Records were kept of checks carried out to mitigate the risk of legionella occurring and there were regular water tests carried out.

# Are services safe?

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The organisation managed the rota system centrally for each region. This system covered different staffing groups to ensure that enough staff were on duty to meet demand. We saw there were always enough clinicians at the clinic to satisfy demand and staff sickness and absence was well-managed.
- There was an effective induction system for agency staff tailored to their role. Staff told us they had not used locum staff at all at the clinic since it opened in October 2018.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis; clinicians had access to an online module on recognising and managing the signs and symptoms of sepsis and there were flowcharts displayed in treatment rooms.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was a risk assessment to inform this decision. We noted the service offered exercise tolerance testing as part of some health assessments although they did not hold stocks of aspirin or a glyceryl trinitrate (GTN) spray should a patient show signs of angina (a heart condition). The medicines held were adrenaline and EpiPens, (used to manage severe allergic reactions) although a recent risk assessment had recommended EpiPens were changed to Emerade, a comparable product, and these were due to be replaced. We saw the service had a defibrillator and oxygen with adult masks on site and there were records in place to evidence these were regularly checked to ensure they were fit for use. Staff received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area and staff knew of their location.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. A business

continuity plan was in place for major incidents such as power failure or building damage. There were monthly safety and emergency “scenario” meetings with staff to practice procedures should a major incident or significant event occur

## 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 information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the service’s patient record system and their intranet system. This included investigation and test results, health assessment reports and treatment plans.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There were policies in place to protect the storage and use of all patient information. IT systems were password protected and encrypted. Information from paper records was transferred to online systems and stored and destroyed confidentially.
- The service had an effective mechanism in place to disseminate patient safety alerts to all members of the team including sessional and agency staff. Safety alerts were disseminated by the service’s medical director, discussed at meetings and published in monthly newsletters and on the intranet for clinicians. The service operated a system which monitored each alert received and action taken. They also made a record of alerts that were not applicable to their service as good practice.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. There was an online system to check all referrals had been made appropriately. Clinicians received alerts by email when best practice guidelines were updated. Full consent was sought from patients before referrals were made.

## Safe and appropriate use of medicines

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

# Are services safe?

- There were no medicines held on the premises except for medicines for use in a medical emergency. We saw stocks of these medicines were held securely and checked appropriately. All medicines were in date. There was no prescribing carried out at this location.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. Service achievements against key performance indicators (KPIs) were published in monthly newsletters and on the intranet. KPIs were aligned to organisation strategic objectives and reflected both clinical and operational delivery. This allowed the service to carry out quality reviews and audits to aid improvement.

## Lessons learned and improvements made

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

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders

and managers supported them when they did so. The clinic had had no significant events since it opened in October 2018. However, staff told us of events that had been raised in other locations within the organisation. Events were discussed as a standing agenda item in meetings and shared online and in newsletters.

- There were comprehensive 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. There was a dedicated clinical governance team in each area of the organisation to address incidents and identify any themes. For example, we were told of an incident when an urgent patient referral was delayed. As a result of this, further safety-netting was put in place and the referral policy changed to reflect this.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- When there were unexpected or unintended safety incidents the provider policy allowed for the service to give affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.



# Are services effective?

## We rated effective as Good because:

Clinicians delivered care in line with best practice guidelines. They had the necessary skills and qualifications to do this and the performance of the service was constantly monitored to aid improvement. Staff training and development was recognised as being integral to the service. The service focused on preventative health and supported patients to live healthier lives.

### Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. They also produced their own relevant clinical protocols which were stored on the shared online system in the service operations manual.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. There was a focus on patient emotional wellbeing as well as their physical health. There were pathways in place to direct patients reporting poor mental health to relevant care and treatment and support services. This included patients reporting suicidal ideation including self-harm.
- We saw no evidence of discrimination when making care and treatment decisions.
- During the summer of 2018, the organisation had introduced an intelligent self-assessment tool for people to use online before presenting for a health assessment. This tool took people through a series of questions that allowed for a more tailored approach to assessment. The answers given by the individual directly populated the patient record. If any serious risk was identified during this process, such as suicidal ideation or evidence of domestic abuse, the service duty doctor was alerted to take immediate action.

### Monitoring care and treatment

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

- Service key performance indicators (KPIs) were formally reported in staff newsletters. This provided a mechanism for services to monitor their performance against standards, as well as other services across the organisation. We saw minutes of meetings that confirmed achievement against KPIs was discussed and areas for improvement indicated such as staff completion of mandatory training.
- There was evidence of quality improvement and we saw examples of audits which were used to drive service improvement. For example, we saw regular audit of the cervical screening service undertaken by GPs to ensure a result was received for every sample taken. We also saw the audit monitored any inadequate samples; any instances were escalated to the clinical leads and medical director for follow up such as for the arrangement of additional training and further clinical supervision if required. The service also monitored that abnormal results were acted on as a priority. We saw results of audits were shared with the wider organisation through the corporate GP newsletter.

### Effective staffing

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

- All staff were appropriately qualified. The provider had a comprehensive induction programme for all newly appointed staff. There was a pack of organisational information for all new staff and a three-month probation period with regular support and ongoing assessment.
- The role of physiologist had been developed by Nuffield Health. They had worked with the Royal Society of Public Health to produce a code of practice for the role. Physiologists joined the service with a relevant degree qualification, such as sports medicine, and were then trained to a master's degree level in physiology, anatomy, biochemistry and disease management. The organisation funded training for all physiologists recruited to enable them to work towards a level seven advanced professional diploma in health and wellbeing physiology. Clinical training was governed by the service's regional clinical leads. Each lead had responsibility for a particular clinical area such as diet and nutrition or posture and pathology; this helped to

# Are services effective?

ensure new evidence and guidance was disseminated appropriately. Training was required to be completed within the first three years with the service. Doctors were provided with five paid study days each year.

- Relevant professionals 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. Up-to-date records of skills, qualifications and training were maintained. We saw evidence of a comprehensive training system in place comprising of mandatory and essential training and online modules. This system was supported by a quality monitoring system to assure training was completed as required. Staff were encouraged and given opportunities to develop.
- There was an appraisal process in place for all staff and formal meetings with line managers every 12 weeks. Continued professional development was encouraged and all staff had a development programme in place which was regularly reviewed. The service had an online toolkit for doctors to use to collate information as part of their appraisal. In addition, clinical staff received regular clinical supervision from the organisation's regional clinical leads; this included regular observation and completion of training and competency programmes.

## Coordinating patient care and information sharing

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

- Patients could sign up and register to access the service through a centralised bookings team. Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance. Onward referrals resulted in a letter back to the doctor and we saw evidence of comprehensive referral correspondence during our inspection. Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. All patients were asked for consent for doctors to make relevant referrals and share details of their consultation and health assessment with their registered GP.
- The service offered onsite testing for various testing and screening procedures such as full blood count (FBC) tests, cholesterol tests and blood glucose testing; some blood samples had to be sent offsite for testing. We saw

there were adequate arrangements in place for laboratory tests as well as for transporting samples for offsite testing. There was a stringent internal and external quality control system to support and monitor this service and a process to ensure that all test results were received and reviewed in a timely manner. All test results were reviewed by the doctor. Some tests were not provided at the Preston service, for example, patients had to travel to Manchester for a mammogram.

- The duty doctor was responsible for managing any urgent and abnormal results, any urgent clinical issues and any safeguarding concerns such as those pertaining to risks of suicide and domestic violence. When the clinic doctor was not working, the duty doctor checked results to ensure urgent and abnormal results were not missed.
- There was a 14-day turnaround time for the completion of health assessment reports, this also ensured results were received and reviewed for each test carried out. The service operated effective monitoring of this through ongoing quality assurance reports, monthly internal key performance indicator compliance and quarterly scorecard processes. Test results were communicated to patients through written reports and telephone calls when necessary. These were recorded on the patient record system.

## 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 service focused on preventative health and the overall aims and objectives of the service were to support patients to live healthier lives. This was done through a process of health assessments and screening. Staff were trained in providing motivational and emotional support to patients to support them to make healthier lifestyle choices and improve their health outcomes.
- Patients could choose from a range of health assessment options which included lifestyle assessments, female assessments and male or female 360° comprehensive health assessments. These included tailored lifestyle, medical and non-invasive tests. Personalised assessments for tailored health were

## Are services effective?

also available to corporate patients as part of their employee health and wellbeing scheme. All patients with a completed health assessment were offered a free 30-day gym membership at the centre.

- The service supported patients with their emotional and wellbeing needs as well as their health needs; they could refer to an external emotional wellbeing service and to a cognitive behavioural therapist.
- Patients were provided with a detailed report covering the findings of their assessment and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices. If further tests or treatments were required patients were referred to other health services, both privately or through the NHS.
- On the day of our inspection we saw that there was health assessment material in the clinic waiting area and the organisation's website contained detailed information on each health assessment including cost.
- Where appropriate, staff gave people advice so they could self-care. In addition, risk factors were highlighted

to patients. Staff explained where appropriate, this would be communicated to their normal care provider for additional support. Where people's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

#### **The service obtained consent to care and treatment in line with legislation and guidance .**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## We rated caring as Good because:

Staff treated patients with kindness, respect and compassion. People were involved in decisions about their care. The service respected patients' privacy and dignity.

### Kindness, respect and compassion

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

- Feedback from patients was positive about the way staff treat people.
- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with were passionate about their work and demonstrated a patient centred approach.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave people timely support and information.
- We received three completed comment cards all of which were very positive and indicated that patients were treated professionally and with respect. Staff were commended for being knowledgeable, for listening and for giving good, personalised advice.
- The service gathered patient feedback through customer satisfaction surveys, online feedback, comment slips and by general feedback provided during appointments. We saw results of the service's recent

customer satisfaction surveys which highlighted very positive responses. Customer satisfaction levels were high, and an overall rolling average rate was indicated as 92%.

### Involvement in decisions about care and treatment

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

- Patients were provided with a report of the results of the assessment and screening procedures and identifying areas where they could improve their health by lifestyle changes. Any referrals to other services, including to their own GP, were discussed with them and their consent was sought to refer them on. Feedback through comment cards indicated people felt listened to and supported by staff.
- The satisfaction survey we viewed indicated 93% of patients said they received a clear explanation of the assessment process from the clinician. Also, 93% said they were given an adequate explanation of the findings and results that were available.

### Privacy and Dignity

#### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. There were curtains provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

# Are services responsive to people's needs?

## We rated responsive as Good because:

The service organised and delivered services to meet people's needs. Patients had timely access to services, with a choice of location. The service took account of patient's needs and complaints and concerns were taken seriously.

## Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. Appointments could be booked over the telephone through a designated central booking team. The service at Preston was relatively new, introduced in October 2018, and was only offered on a Thursday each week with one designated female physiologist and one designated male GP. If patients preferred to see other clinicians, these were available at other locations within the organisation. Staff told us they hoped the service at Preston would expand in time.
- In addition to four Health Assessment packages, the service also offered personalised assessments to corporate patients as part of their employee health and wellbeing scheme. Patients were asked to complete a series of questions online and an intelligent software system analysed the individual's answers and used complex clinical algorithms to identify individual risk and signpost to relevant targeted online content. Health assessment modules and treatment options were then recommended tailored to the individual's need. This online process could be complimented with a face-to-face appointment with a doctor or physiologist.
- After completion of a health assessment, the patient was entitled to two follow up telephone calls with the physiologist to provide support and to help with monitoring and achievement of any recommended actions in line with their health assessment and lifestyle needs.
- The facilities and premises were appropriate for the services delivered. There were facilities in place for people with disabilities and for people with mobility difficulties. There were also translation services available.

## Timely access to the service

**Patients were able to access care and treatment from the service within an appropriate 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. There were performance indicators in place for this and these were monitored to ensure compliance.

## 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; there were complaints leaflets in the clinic waiting area. Every patient who attended the clinic was contacted online following their visit for feedback and given the option to request a contact from the service. The clinic manager was the lead member of staff for managing complaints and all complaints were reported through the organisation's quality assurance system. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received two complaints in the year before our inspection. We reviewed one complaint and found the service had demonstrated a timely, open and honest approach to the complaint with a full explanation given to the patient.
- Complaints were discussed with staff during one-to-ones and group meetings where appropriate. Learning and any themes from complaints were shared with staff across the organisation through meetings and newsletters.

# Are services well-led?

## We rated well-led as Good because:

The service had a culture of high-quality sustainable care. Patient satisfaction was positive and staff felt respected, supported and valued. Governance systems were strong and there were clear and effective processes for managing risks, issues and performance. There was a focus on continuous learning and improvement.

## Leadership capacity and capability;

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

- The service was part of the provider organisation Nuffield Health UK, a not-for-profit organisation running a network of hospitals, clinical diagnostic units and fitness and wellbeing clinics across the UK. There was a clear, visible leadership structure in place that supported and managed these services.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke with told us managers were open and listened and supported them in their roles and responsibilities.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service; staff development was encouraged.

## Vision and strategy

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

- There was a clear vision and set of values. The provider ethos was to put patients, customers and colleagues at the heart of everything they did. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They demonstrated to us how they promoted these values in their everyday work with colleagues and patients.

- The service monitored progress against delivery of the strategy. Staff took every opportunity to review performance.

## Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. Newsletters included articles introducing service staff and promoting the work they did within the organisation.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Staff told us this would be done in a supportive way to aid improvement. Staff good practice and achievement was celebrated through newsletters.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year and there were scheduled formal 12-week conversations with line managers. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time and funding for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff were provided with a corporate benefits package which included a range of free health assessments, free gym membership, staff vouchers, a funded training package and discount to family and friends on various services provided by the organisation.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- The organisation also provided charitable services. They worked to offer services to improve the quality of life of



# Are services well-led?

children living with cystic fibrosis, to improve the overall health and wellbeing of school-age children, to improve the symptoms of pain for people living with chronic joint pain and to improve the quality of life for men living with prostate cancer.

- There were positive relationships between staff and teams. Staff worked at other provider locations when not working at the Preston clinic and there were frequent shared clinic and organisation meetings.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. There was an organisational safety and quality committee which had oversight of any matters relating to the safety and quality of the service.
- Staff were clear on their roles and accountabilities. There was a strong organisation structure at national, regional and service level that was clearly communicated to all staff. Staff we spoke with during our inspection were aware of their responsibilities as well as the responsibilities of their colleagues and managers.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were reviewed regularly and updated when necessary and were available to staff online.
- Staff attended a variety of meetings as part of their roles. There were frequent staff and leadership meetings. We saw meetings were governed by agendas and minutes with standing agenda items. Where applicable, meetings were aligned to CQC key lines of enquiry where safety, effectiveness, caring, responsiveness and well-led service areas were discussed and reviewed.

## Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. Comprehensive ongoing monitoring of service achievement and risk supported quality improvement.
- The provider had plans in place and had trained staff for major incidents. There were regular “scenario” meetings for staff to test areas of emergency planning.

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. All patients attending the clinic were encouraged to feedback to the service.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. Risks to service delivery were appropriately and comprehensively identified at both service, local and national level.
- The service submitted data or notifications to external organisations as required.
- There were sound arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

**The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

## Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the provider introduced two follow-up telephone calls with a physiologist following health assessments as a result of patient feedback.
- Staff could describe to us the systems in place to give feedback. There were regular formal meetings with managers and staff told us managers were open and approachable. The provider had a whistle-blowing policy in place and used staff surveys to gauge staff satisfaction. Newsletters regularly sought feedback from staff and asked for opinions to be sent via email.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider used an internal organisation health leadership conference in May 2019 to bring together clinical leaders of health assessments, emotional wellbeing, physiotherapy and occupational health to discuss how to further develop connected health over the next five years.
- The provider introduced the online system for identifying relevant health assessment modules tailored to individual needs in summer 2018. They were committed to ongoing improvement to this system to ensure it worked to its full capacity. They used it to identify any risk of patient suicide or indications of domestic abuse and addressed any concerns on the day they were identified.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. Staff and services were commended in newsletters for good and outstanding practice.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Provider plans for service development were published in newsletters and staff encouraged to participate in achieving these.