

Nuffield Health

Nuffield Health Tunbridge Wells Fitness and Wellbeing Centre

Inspection report

Knightspark Leisure Park,
Knights Way,
Tunbridge Wells,
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Overall summary

We carried out an announced comprehensive inspection on 13 March 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 that this service was providing safe care in accordance with the relevant regulations.

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.

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Nuffield Health Tunbridge Wells Fitness and Wellbeing Centre provides private GP services, a range of well-being screening tests and physiotherapy services.

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

Summary of findings

service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the Nuffield Health Tunbridge Wells Fitness and Wellbeing Centre services are provided to patients under arrangements made by their employer, a government department and/or an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at this location, we were only able to inspect the services which are not arranged for patients by their employers, a government department and/or an insurance company with whom the patient holds a policy.

The service has a 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.

Eight patients provided feedback about the service on the Care Quality Commission comments cards, all the comments were positive.

Our key findings were:

- The care provided was safe. There was a culture of placing safety at the core of activity. Systems to support safety within the building were effective and well embedded.
- There was a strong emphasis on holistic care particularly in respect of patients' rehabilitation though physiotherapy linked to exercise regimes in the provider's gym.
- There was information for patients on how to approach their treatment and treatment plans were collaborative.
- Feedback from patients was uniformly positive.
- There was a very clear pricing structure to help patients understand the total cost of the options available.

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 that this service was providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events, though no events had been reported during the previous year. There were systems to help ensure that if things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

- Staff were aware of current evidence based guidance and acted upon it.
- Audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Are services caring?

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

- The CQC comment cards showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- Patients were treated with kindness and respect.

The provider maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- The provider took account of the needs and preferences of patients such as those with a learning disability.
- The CQC comment cards showed that patients said it was easy to make an appointment.
- The provider had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. There was a policy on handling complaints that included processes for learning from complaints.

Are services well-led?

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

- The provider had a clear vision and strategy to deliver holistic care and rehabilitation.
- There was a clear leadership structure and staff felt supported by management. The policies and procedures to govern activity were effective.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care.
 - Staff had annual performance reviews and attended staff meetings and training opportunities.
 - There was a culture of openness and honesty.
 - The provider had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The provider sought feedback from staff and patients and we saw examples where feedback had been acted on.
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Nuffield Health Tunbridge Wells Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

The registered provider is Nuffield Health and it provides services from

Nuffield Health Tunbridge Wells Fitness and Wellbeing Centre at:

Knightspark Leisure Park

Knights Way,

Tunbridge Wells,

Kent.

TN2 3UW.

Services are provided from this location only.

Nuffield Health Tunbridge Wells Fitness and Wellbeing Centre provides private GP services, physiotherapy services and a range of well-being assessments and screening tests.

The health centre is open from Monday to Friday, 8am to 5pm.

The inspection, which took place on 13 March, was led by a CQC inspection assisted by a GP specialist advisor.

We asked the provider to supply us with information about its staff, services and governance before the inspection. We gathered patients' views about the clinic through Care Quality Commission comment cards, sent to the clinic two weeks before the inspection.

We spoke with the provider, managers and with staff at the service.

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

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

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

Are services safe?

Our findings

Safety systems and processes

There were clearly defined and embedded systems, processes and practices to minimise risks to patient safety

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding. The GPs reported that they had been trained to level one in child safeguarding. The standard expected in the community is level three (a higher standard). However the service does not see any patients below the age of 18 years.
- All other staff had received training on safeguarding children and vulnerable adults relevant to their role. There were directions on safeguarding, including, a flow chart on how to report matters. Staff were aware of the need to act on safeguarding concerns. We saw that staff, employed to manage the regulated activities, had made a safeguarding referral, albeit that on that occasion it did not relate directly to a service registered with the Care Quality Commission.
- There was a chaperone policy. This required that female patients who did not want to have a chaperone to sign a document to this effect. However clinical staff we spoke with, offered chaperones appropriately but were unaware of the need for patients to sign should they decline the offer. There were always chaperone trained staff on duty and all had had a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The premises were clean and tidy. There were cleaning schedules and systems for monitoring their effectiveness. There were regular cleaning audits. As well as daily cleaning activity there was a system of deep cleaning, where all the areas of the premises were cleaned on a rotational basis.
- All personnel files were held centrally and we were unable to check them. However we saw from a recruitment checklist that there was system for ensuring that new staff did provide the required information.
- All staff had received a Disclosure and Barring Service (DBS) check. Indeed the providers' policy was that staff could not begin their employment until the DBS check had been received.

- All the clinical staff were recorded on their appropriate professional register and had undertaken professional revalidation as required.

The provider had a variety of other risk assessments to monitor safety of the premises such as:

- Control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

The provider had adequate arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training. There was a gym and swimming pool, operated by the provider on the same site. Many staff employed in these aspects were highly trained in life support. There were emergency medicines available and staff knew where they were located. There was an assessment of which emergency medicines were appropriate to the service.
- There were defibrillators on the premises and oxygen with adult and children's masks. There were first aid kits and epipens (an injection which can reverse the symptoms of an allergic reaction) for children and adults at various strategic points around the building. There were 21 panic alarms at various points in the facility. The response time was set at 60 seconds. This was regularly tested and the time had always been met.
- All the medicines we checked were in date and stored securely.
- The provider had comprehensive business continuity plan for major incidents such as power failure or building damage.
- The provider had a professional indemnity policy covering all the staff and clinical activities within the building. Staffs' professional indemnity was checked regularly and the provider made a contribution towards the costs of indemnity, so was aware of when those fell due.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Are services safe?

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system.

- Where material had been sent for testing, such as skin or blood samples, there were systems to help ensure that results were received and checked against the patients' record.
- The provider did not routinely keep the patients' GPs informed about the treatment. Patients were encouraged to share information with their GP. However if the patient decided not to tell their GP the provider respected the patients' right to confidentiality

Track record on safety

There was a system for reporting and recording significant events.

- There had been no significant events over the last year.
- There was a system for receiving safety alerts, such as those relating to the use of medicines or medical devices. They were assessed to decide if they were relevant to the provider and acted upon when necessary.

Lessons learned and improvements made

We saw evidence that lessons were shared and action was taken to improve safety in the provider.

- Whilst there had been no notifiable safety incidents during the past year; we saw that incidents that had happened at other branches of the provider were shared for learning points. Other incidents, which were not sufficiently serious to report to other agencies, were recorded, and lessons learned. For example a staff illness which might have had an impact on the swimming pool facilities was investigated to protect people using the pool and the staff member.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- There had been no unexpected or unintended safety incidents. However the service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, in the event that such incidents arose.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such those from the National Institute for Health and Care Excellence.

- Patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies this was recorded in the notes and prominently flagged so that other clinical staff would be aware of the issue.

Monitoring care and treatment

There was evidence of quality improvement including clinical audit:

- There had been audits of infection prevention control, patient consent clinical waste disposal. There were regular audits of the accuracy of the in-house screening devices, for example the electrocardiogram (ECG (an ECG is a non-invasive examination of the electrical activity of the heart)) and blood analysis machines.
- The clinic offered screening such as cervical and breast screening. There was an awareness of the impact of offering screening which might be deemed unnecessary, in the sense that the screening was a repeat of an NHS screen offered more frequently than the NHS guidelines suggested was necessary. Patients were counselled about risks, such as false positive results, arising if they chose to have the test before the date it was due.
- Clinical staff were aware that working in the “health and well-being” sector was different to working as a GP. For example patients attending GP practices for an ECG usually present as unwell and the analysis of the results is approached in this basis. The GPs were aware that they needed to examine the results to try and detect abnormalities that indicated future problems. One of the GPs was running audits to try and improve their skills in this respect.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The learning needs of staff were identified through a system of appraisals, meetings and formal and informal reviews. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses.
- Staff had access to a choice of paid for courses, professional literature and supported study leave.
- All employed staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

- From documented examples we reviewed we found that the provider shared relevant information with other services in a timely way, for example when referring patients to other services.
- Referral letters were timely and contained the necessary information.
- Staff worked together and with other health professionals to patients’ needs and to assess and plan ongoing care and treatment.

Supporting patients to live healthier lives

- There was a wide range of informative literature about maintaining health. The clinic was coordinated with the gym activity. For example patients who had surgery, such as a hip replacement, were seen by the GPs at the clinic, referred to the in-house physiotherapy and their work was supported by fitness staff at the gym. There was a whole patient approach to recovery and rehabilitation.

Consent to care and treatment

- All patients provided consent as in the provider’s policy. There had been audits of consent which showed that staff complied with the policy.

Are services caring?

Our findings

Kindness, respect and compassion

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The provider occasionally had patients with disabilities and other specialist needs. There was a compassionate approach to accommodating them, for example by making their appointments for quiet times. The medical suite was accessed down a set of steps. Patients with disabilities were able to access the consulting rooms by using a ramp and a separate entrance.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

- There was evidence in the treatment plans of patients' involvement in decisions about their care.
- We saw that there were information leaflets about the various treatments, in particular leaflets physical ailments, such as whiplash and carpal tunnel syndrome, that the physiotherapists at the clinic tended to treat.

Privacy and Dignity

- Patients' confidential information was protected. The reception staff were aware of the need to keep conversations private. Appointments were arranged so that it was rare for more than one patient (or family) to be in the waiting area at the same time.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- There were services and tests that were not available, or were available more quickly, than on the NHS.
- There were longer appointments available for patients who needed them. Clinical appointments, with the GP or physiotherapist, were coordinated with the patients' gym activity. Gym staff worked together with the patients and clinicians to provide a holistic approach to physical rehabilitation.
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment.

Timely access to the service

- The service was open from 8am to 5pm Monday to Friday.

Listening and learning from concerns and complaints

There was a policy for managing complaints. The provider showed us how the complaint would be dealt and the processes that were in place for learning from complaints.

There had been one complaint in the previous year. This had involved an information technology breakdown that had prevented a few patients from getting the appointments they wanted when they initially called. This was discussed at a team meeting and staff saw that there was little that they could have done. All the affected patients received a letter of apology.

Are services well-led?

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

Our findings

Leadership capacity and capability;

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

They prioritised safe, high quality and compassionate care. Staff told us the provider was approachable and always took the time to listen to all members of staff. We spoke with staff from the clinic and from the gym. Although the gym activity is not regulated by the CQC we saw that it was a central aspect to promoting patients' rehabilitation. Staff at the gym told us that clinical staff were very approachable and provided a comprehensive package for each patient.

Vision and strategy

The provider had a vision to provide an holistic service to patients. To provide a patient journey, from hospital intervention, such as hip replacement, through a GP assessment, physiotherapy treatment to gym activity that support as complete a recovery as practicable.

There was evidence that the provider was achieving this. We saw treatment plans, driven by patients' wishes that supported this.

Culture

There was a clear leadership structure and staff felt supported by management.

- The provider held and minuted a range of meetings. There was a heads of department meeting they then held monthly meetings with their respective teams. There were clinical meetings where GPs from across the provider met with their clinical leaders. There were whole team meetings each quarter.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The provider held regular social events, for example there had been a staff quiz night and there was other recognition such as an employee of the month award.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

(The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a culture of openness and honesty.

There had been no unexpected or unintended safety incidents. However the service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, in the event that such incidents arose.

Governance arrangements

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The provider, nurses and administrators had lead roles in key areas. For example there were lead roles appointed for, finance, clinical supervision, staffing and appraisal.
- The provider had a set of policies that were available to all staff. These were updated and reviewed regularly. There were checks to see that staffs were following policies.
- The provider regularly audited the time the clinician took to produce the patient's report, the detail in the report and the level of patients' satisfaction. This was feedback to the clinical staff.

Managing risks, issues and performance

There were risk assessments to monitor safety and to mitigate risks. For example:

- There were regular test of the fire safety equipment and regular fire drills, on different days of the week.
- Patients completed a questionnaire, and if appropriate were tested, concerning any allergies before treatment.
- There was a thorough assessment of the control of substances hazardous to health.
- There was an awareness of performance. For example the provider knew how many patients had attended and what treatment each individual had received.

Appropriate and accurate information

- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were recorded in way that all staff carrying out treatment would be aware of them.

Are services well-led?

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

- Patients received a printout of their consultation to give their GPs if they wished. In the event of an abnormality in a test patients were guided to book an appointment with their GP, within a set time, to seek advice about any required follow up.
- Referral letters were timely and contained the appropriate information.
- There were high levels of staff satisfaction. Staff we spoke with were proud of the organisation as a place to work. There were consistently high levels of constructive staff engagement.
- We saw examples of how staff contributed to running the service. For example the way new clients, calling for the first time at the clinic, had been streamlined and improved through staff suggestions.
- The provider regularly surveyed patients about their satisfaction with the service and this was consistently high.
- There were eight CQC patient comment cards. All the comments were positive.

Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients and staff