

Nuffield Health

Nuffield Health Wellbeing Centre London West End

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on the 28 August 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 the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Nuffield Health Fitness & Wellbeing is part of Nuffield Health a not-for-profit healthcare provider. The clinic located in 39 Queen Anne Street, London, W1G 9AZ and provides a variety of health assessments for both corporate and private clients offered on a fee-paying basis to adults only.

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

The general manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We received feedback from 32 people about the service, including comment cards, all of which were very positive about the service and indicated that clients were treated with kindness and respect. Staff were described as helpful, caring, thorough and professional.

Our key findings were:

- Systems and processes were in place to keep people safe. The registered manager was the lead member of staff for safeguarding and had undertaken adult and child safeguarding training.
- The provider was aware of current evidence based guidance and they had the skills, knowledge and experience to carry out his role.
- The provider was aware of their responsibility to respect people's diversity and human rights.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a complaints procedure in place and information on how to complain was readily available.
- Governance arrangements were in place. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The service had systems in place to collect and analyse feedback from patients.

Nuffield Health Wellbeing Centre London West End

Detailed findings

Background to this inspection

Nuffield Health Fitness & Wellbeing West end is part of Nuffield Health a not-for-profit healthcare provider. The clinic located at 39 Queen Anne Street, London, W1G 9AZ provides a variety of health assessments for both corporate and private clients (adults only). The clinic aims to provide a comprehensive picture of an individual's health, covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and discuss any required treatment planning. Patients are provided with a comprehensive report detailing the findings of the assessment. The reports include advice and guidance on how the patient can improve their health and they include information to support patients to live healthier lifestyles. Health assessment clients are also provided with a free 30-day pass for the fitness centre. The clinic can also refer to on-site nutritionists and physiotherapists.

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

Appointments are available from Monday to Friday 8am to 6pm.

The service is registered with the CQC to provide the regulated activities of: diagnostic and screening procedures and treatment of disease, disorder and injury.

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor.

The inspection was carried out on 28 August 2018. During the visit we:

- Spoke with a range of staff, including the General manager, assistant manager, lead GP and administration staff.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

We asked for CQC comment cards to be completed by patients prior to the inspection. We received 32 comment cards which were all positive about the standard of care received. Staff were described as very friendly and warm.

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.

Safety systems and processes

- Safety risk assessments/safety policies were in place, including Legionella and fire.
- There was an effective system to manage infection prevention and control. Infection control audit.
- The service 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 cleaning schedules were in place.
- Safeguarding policy was in place and staff completed training. Staff knew how to recognise and report potential safeguarding issues. Whilst the clinic did not provide services to children and young adults all staff had received appropriate training in safeguarding of both children and vulnerable adults. The provider had an overarching lead professional as the safeguarding lead.
- There was a system in place for reporting and recording significant events and complaints. We saw significant events and complaints policies which demonstrated that where patients had been impacted they would receive a timely apology, including details about any actions taken to change or improve processes when appropriate. We were told that all significant events and complaints received by the service were discussed by the management team, and we saw meeting minutes which confirmed this, the learning from these were shared with the local and national teams.
- Staff checks on recruitment included proof of ID, references, DBS (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).
- Patients were offered a chaperone – staff received training to be a chaperone and those members of staff had received a DBS check.
- There were arrangements for planning and monitoring the number and mix of staff needed. When there were changes to opening hours or staff the service assessed and monitored the impact on safety.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- All staff had received basic life support training.
- Emergency medicines and equipment were easily accessible to staff in a secure area of the clinic and all staff knew of their location. The clinic had suitable emergency resuscitation equipment including an automatic external defibrillator (AED) and oxygen. The clinic also had medicines for use in an emergency. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.
- The clinic had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The clinic had a business continuity plan in place to show they had risk assessed and put in place mitigating actions to ensure the continuity of services and patient and staff safety in the event of a major incident such as power failure or building damage.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- Patients completed a full on-line health assessment questionnaire before attending their assessment. Assessments included areas such as checking for diabetes, heart health, nutritional and postural health, and male and female health. Most assessments results were available during the assessment and could be discussed in full with the patient. Referrals could be made where necessary either to external or internal specialists or to the patient's own GP. A doctor ensured a formal handover letter was sent with any patient

Risks to patients

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

Are services safe?

referred. Referral letters included all the necessary information. Patients received a full report of their assessment with all test results. All abnormal results were reviewed by a doctor and referred onwards as appropriate.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service was able to self-refer due to the wide range of specialist consultants they had employed which meant shorter waiting times for patients, and better communication between clinicians.

Safe and appropriate use of medicines

- The service did not keep any medicines on the premises except for emergency medicines. The arrangements for managing emergency medicines in the clinic kept patients safe (including obtaining, recording, handling, storing and security).
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The service involved patients in regular reviews of their medicines.

Track record on safety

The clinic had arrangements in place to respond to emergencies and major incidents in line with the Resuscitation Council (UK) guidelines and the British National Formulary (BNF).

- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency medicines were easily available to staff in a secure area of the premises. All the medicines were in date, appropriate and stored securely.

- All staff had received annual basic life support training.
- The service had a business continuity plan for events such as power failure or building damage.
- 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.
- Clinical equipment/electrical equipment had been checked to ensure it was working safely.

Lessons learned and improvements made

- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.
- There was an effective system in place for reporting and recording significant events. Significant events were recorded on the clinics computer system which all staff had received training to use. The clinic carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at monthly meetings. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared nationally to make sure action was taken to improve safety in the clinic.
- 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 service gave 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?

(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 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.

- Guidelines were accessed through the service computer system and used to deliver care and treatment that met patients' needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw that the lead GP attended regular clinical meetings and courses.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service routinely reviewed the effectiveness and appropriateness of the care provided.

- The provider reviewed the effectiveness and appropriateness of the care provided. All staff were actively engaged in monitoring and improving quality and outcomes. Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. We reviewed three audits including a referral letter quality and cleaning audits and an antibiotic prescribing audit, the results of this were discussed in the service team meeting and resulted in the clinicians reducing the prescribed antibiotic duration in line with current guidelines.
- The service completed an annual patient satisfaction the results showed that 98% of patients thought the clinical staff were friendly and approachable and 88% left with clear and realistic action points.

Effective staffing

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

- We found staff had the skills, knowledge and experience to deliver effective care and treatment. The clinic had an induction programme for newly appointed staff that

covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All new staff had induction reviews at 2, 4 & 12 weeks and after 40 weeks they had a 360 appraisal.

- We reviewed the in-house training system and found staff had access to a variety of training. This included e-learning training modules and in-house training. Staff were required to undertake mandatory training and this was monitored to ensure staff were up to date. We saw the training records for this. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Coordinating patient care and information sharing

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

- The clinic shared relevant information, such as copies of notes concerning consultation and treatment, with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns. Nuffield Health had a 'concierge system' in place which guided patients through the process of accessing secondary care. We saw examples of appropriate summaries of significant findings from assessments that had been shared between doctors at the clinic and patients' NHS doctors. Clinical records were stored in accordance in line with Department of Health and Social Care (DHSC) guidance.

Supporting patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The service supported patients to live healthier lives by providing a joined-up approach to GP led health assessments, in conjunction with physiotherapy and physiologists. Each patient was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices.
- New patients were given 10 day gym membership and were referred to nutritionists if needed.

Consent to care and treatment

The clinic obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- The provider had a consent policy in place and the provider had received training on consent. The process for seeking consent was demonstrated through records. We saw consent was recorded in the patient record system and this was monitored through detailed audits of individual patient consultations.
- The provider understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The clinic did not provide services for children and young people.
- The patient information booklet given to all patients explained all services and prices before commencing a consultation.

Are services caring?

Our findings

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

Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- The service gave patients timely support and information.
- Reception staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would offer them a private room to discuss their needs.
- All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the excellent care and friendly staff, and one comment card stated that the service was wonderful on all counts.
- The comment cards were in line with the results of the services' own feedback. For example, 98% of patients in June thought the clinical staff were friendly and approachable.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- The service offered interpretation services. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Private patients could decide on the health assessment they wanted and the service provided information on

the different assessments and their costs. The nature of assessments was that each individual product was personalised to the individual patient. After the assessment patients were provided with a report covering the results of the assessment and screening procedures and identifying areas where they could improve their health by lifestyle changes. Reports used a number of different methods to show assessment results and treatment options. This included display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. Patients were encouraged to set and achieve specific and realistic objectives to address results from their assessment. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service complied with the General Data Protection Regulation (GDPR).
- Reception staff told us that all confidential information was stored securely on computers. When staff moved away from their workstations they ensured their computers were locked.
- We saw that doors were closed during consultations and that conversations taking place in the consultation room could not be overheard.
- We saw that disposable curtains were provided in consulting and treatment rooms for patients if needed to maintain dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The clinic offered flexible opening hours and appointments to meet the needs of their patients. The clinic offered a choice of four of health assessments for patients and we were informed that the service was moving to further bespoke health assessments, tailored to individual patients.
- The clinic offered 90 minute pathology results and most of these were available during the patients' assessment which could then be reviewed and discussed with the doctor.
- Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.
- Staff reported the clinic ensured that adequate time was scheduled for patient assessments and for staff to complete the necessary administration work which followed.

Timely access to the service

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

- The service was open Monday to Friday 8am to 6pm and the time and length of appointment was specific to the patient and their needs. Patients booked appointments through a central appointments management team.

- If patients had a particular request, for example a female doctor, the team ensured this information was passed to the clinic.
- Patients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service.
- Patients described high levels of satisfaction with the responsive service provided by the practice. For example, the service sent every patient a feedback questionnaire after every consultation, these results were collated on a monthly basis and discussed and analysed. The results for June showed that 85% of clients felt that their health assessment was personal to them and 75% made changes to improve wellbeing as a result of their Health Assessment.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- The service had leaflet in the reception area which detailed how patients could make a comment or a complaint.
- Reception staff told us that any complaints would be reviewed and dealt with by the General manager.
- Ten complaints were received in the last year. We reviewed both complaints and found that they were handled appropriately and in a timely way, patients received feedback and lessons learned were discussed with staff at team meetings.
- We saw that the service had taken action as a result of complaints to improve the quality of care – for example, the service introduced healthy snacks for patients who were having a fasting blood test and waiting for results, as a result of a complaint.

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 care in accordance with the relevant regulations.

Leadership capacity and capability;

There was a clear leadership structure in place.

- The clinic was part of a national organisation which had an extensive governance and management systems. This provided a range of reporting mechanisms and quality assurance checks to ensure appropriate and high-quality care.
- There was a clear leadership structure in place and staff felt supported by management. Staff told us management were approachable and always took the time to listen to them. They told us they felt well supported and appropriately trained and experienced to meet their responsibilities.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Vision and strategy

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

- The service had a realistic strategy and supporting business plans to achieve its priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider's Statement of Purpose and mission statement were both framed and on display in the clinic waiting area and in patient leaflets. A values notice was on display in the main office of the clinic.
- The vision was to keep up to date with new developments in the field to provide the best quality service possible.

Culture

Staff stated they felt respected, supported and valued.

- Staff told us that they felt able to raise concerns and were confident that these would be addressed and felt they would be supported through the process.

- The provider had a whistleblowing policy in place and staff had been provided with training in whistleblowing.
- The service was aware of the requirements of the duty of candour. The service told us that, if a serious incident occurred, they provided the affected patients with support and information and gave a verbal and written apology.
- There were processes for providing all staff with the development they need. This included annual appraisals, mentoring and career development conversations.
- The management of the clinic was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff.
- Staff had received equality and diversity training, and told us that they felt they were treated equally.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding and infection control.
- Service specific policies and processes had been developed and implemented and were accessible to staff in paper and/or electronic formats. These included policies in relation to safeguarding, whistleblowing, infection prevention and control and complaints.
- Nuffield Health had been awarded ISO 9001 quality for their documentation and quality management systems.
- Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out regular audits, carrying out risk assessments and quality checks and actively seeking feedback from patients.

Managing risks, issues and performance

The service had established processes for 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. Performance of employed clinical staff could be demonstrated through positive patient feedback.

Are services well-led?

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

- The GP and the General manager had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, serious incidents and complaints.
- The service had a business continuity plan and had advised staff of the processes in the event of any major incidents.
- Staff told us that they understood the fire evacuation procedures and that fire drills were carried out every six months.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records and data management systems.
- The service submitted data and notifications to external bodies as required.
- Meetings were held monthly where issues such as safeguarding, significant events and complaints were discussed. Outcomes and learning from the meetings were cascaded to staff.
- A programme of audits ensured the clinic regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, there were monthly audits of inadequate smears' GPs flagged as recurrent were sent for training to improve quality.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support the service they offered.

- The service encouraged and valued feedback from patients, the public and staff. After their health assessments patients were asked to complete a survey about the service they had received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.
- The clinic had also gathered feedback from staff through staff meetings, appraisals and surveys, there were several opportunities for the involvement of staff in communications including a local newsletter, news feed and staff conferences.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- We saw evidence that the service made changes and improvements to services as a result of significant events, complaints and patient feedback. For example, the service recently increased mammography, physiotherapy and CBT services to five days per week, to meet demands of patients and to ensure flexibility of bookings.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions. The provider was in the process of reviewing their information technology across the organisation to improve the effectiveness of and communication between their systems.