Nuffield Health

Nuffield Health City Fitness and Wellbeing Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 14 June 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 practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Nuffield Health City Fitness and Wellbeing Centre provides health assessments that include a range of screening processes. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings and any recommended lifestyle changes or treatment planning. 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 occupational health assessments do not fall within the regulated activities for which the location is registered with CQC.

The practice principal 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.

Summary of findings

Eight people provided feedback about the service, which was positive.

Our key findings were:

- The centre had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The centre reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

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.

- There were a number of systems in use for recording significant events and incidents that were working effectively.
- There was a formal system for identifying and monitoring safety alerts.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff had annual appraisals with personal development plans.
- The centre had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The centre had systems in place to engage with patients and seek feedback using a survey handed to all patients after their appointment.
- Systems were in place to ensure that patients' privacy and dignity were respected.
- The centre had a programme of ongoing quality improvement activity. For example, there was a range of checks and audits in place to promote the effective running of the service.

Are services responsive to people's needs?
We found that this service was providing responsive care in accordance with the relevant regulations.

- The understood its patient profile and had used this understanding to meet the needs of users.
- For patients whose costs were not being paid by their employer, treatment costs were clearly laid out and explained in detail before treatment commenced.
- Patient feedback indicated they found it easy to make an appointment, with most appointments the same day.
- The had good facilities and was well equipped to treat patients and meet their needs.
- Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.

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

Summary of findings

- The centre had a clear vision and strategy and there was evidence of good leadership within the service.
- There were systems and processes in place to govern activities.
- Risks were assessed and managed.
- There was a culture which was open and fostered improvement.
- The centre took steps to engage with their patient population and adapted the service in response to feedback.

Nuffield Health City Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

The Nuffield Health City Fitness and Wellbeing Centre is based at 4 Cousin Lane, London, EC4R 3XJ and is part of the Nuffield Health Organisation.

The centre provides health assessments that include a variety of screening processes, including: 360 Health Assessment (a comprehensive health review for both male and female patients); and Lifestyle Health Assessments. The purpose of the health assessments is to provide patients with a comprehensive review of their health, it covers key health concerns such as weight, diabetes, heart health, cancer risk and emotional wellbeing. Following the assessment and screening process patients have a consultation with a doctor to discuss the findings of the screening procedures and to consider and plan for any required treatment. Patients receive a comprehensive report detailing the findings of the assessment. The report includes advice and guidance on how the patient can improve their health together with information to support healthier lifestyles. Any patients requiring further investigations or any additional support are referred to other services, for instance, their own GP. The centre also provides GP services for private paying patients.

The centre is situated in a purpose-built facility in the railway arches below Cannon Street Station, Central London. The building is accessible to people who use a wheelchair or mobility aid. The area is well served by public transport.

Five doctors, led by a clinical lead carry out the health assessments and routine GP services. These are supported by four physiologists, seven physiotherapists, a cognitive behavioural therapist, centre manager and administration staff.

Consulting hours are 7.30am to 8.30pm Monday to Friday. Appointments were available within 24 hours. Patients could book by telephone, e-mail or by walking into the centre.

We visited the Nuffield Health City Fitness and Wellbeing Centre on 14 June 2018. The team was led by a CQC inspector, with a GP specialist advisor.

Before the inspection we reviewed any notifications received from and about the service, and a standard information questionnaire completed by the service.

During the inspection, we received feedback from people who used the service, interviewed staff, made observations and reviewed documents.

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

There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Despite the centre only treating adults all staff had received both adult safeguarding and child protection training appropriate to their role (for example, safeguarding children level 3 for GPs) and understood their responsibilities. Safeguarding procedures were documented and staff knew who was the practice lead for safeguarding. There were both adult and child safeguarding policies.

Notices advised patients that chaperones were available. Chaperones had received training for the role and a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. 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.

Recruitment procedures also checked on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body. Medical and nursing staff were supported with their professional revalidation. (Doctors and nurses who practice medicine in the UK must go through a process of revalidation every five years in order to remain licenced to practice medicine. The process of revalidation is a review of evidence from their annual appraisals to ensure their skills are up-to-date and they remain fit to practice medicine).

We observed the centre to be clean and there were arrangements to prevent and control the spread of infections. The centre had a variety of other risk assessments and procedures in place 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). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

Staffing levels were monitored and there were procedures in place to source additional trained staff when required.

There were effective systems in place to manage referrals and test results.

Risks to patients (such as fire) had been assessed and actions taken to manage the risks identified.

There were arrangements in place to respond to emergencies and major incidents:

- Staff records we checked (two clinical staff, two non-clinical) showed that staff had completed annual basic life support (BLS) training, in line with guidance.
- There was oxygen, a defibrillator, and a supply of emergency medicines. A risk assessment had been carried out to determine which emergency medicines to stock. All were checked by the practice through regular monthly checks of expiry dates to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff. A copy of this plan was available off-site.

Information to deliver safe care and treatment

The centre had an electronic record system, which had safeguards to ensure that patient records were held securely. Paper based records such as test results were held securely in locked cabinets for one week until scanned into the system. Once scanned onto a person's record, the original document was shredded. ECG (electrocardiography) results were sent to a central secure storage centre for archiving.

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.

There were arrangements in place to check the identity of patients.

Safe and appropriate use of medicines

There were no medicines held on the premises (other than emergency medicines). Quality assurance systems included clinical oversight of all prescriptions. If a health concern was identified as part of the assessment and screening process patients were referred on to other services for clinical input.

Track record on safety

Are services safe?

There were systems in place for reporting incidents. The practice had a number of procedures to ensure that patients remained safe. The practice had recorded 11 significant events in the last 12 months which had been shared in a practice meeting to aid learning.

We found that there was a clear policy for handling alerts from organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received centrally by the head office of Nuffield Health and disseminated to the management team at the City centre. These were then further disseminated by email to relevant staff. Staff were asked to confirm that they had read the alert and this was logged. The centre kept a log of all alerts received.

Lessons learned and improvements made

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 Centre 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 the practice was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

Doctors assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service.

Monitoring care and treatment

The provider had implemented a comprehensive audit programme, and we saw evidence of both first cycle audits and completed audit cycles. For example, a completed two cycle audit had been undertaken into the appropriateness of antibiotic prescribing to ensure it remained within national guidelines. The audit results showed that from the small number of patients prescribed this medicine, most were given a prescription for seven days rather than the five days recommended. As a result of the audit the centre reviewed their prescribing policy to reflect the guidelines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included undertaking the Nuffield 360 Health Assessments had received specific training and could demonstrate how they stayed up to date.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up-to-date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop and advance throughout the organisation. For example, the centre manager had been one of the physiologists who had been trained by the organisation for a management role. Other career progression opportunities were available to staff.
- The provider gave staff ongoing support, including: an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Patients contacted the centre primarily for health checks; however, patients also visited the centre for routine medical concerns. If this was the case, patients were asked if they were registered with an NHS GP and whether their GP could be contacted and recorded in their records. If patients agreed we were told that a letter was sent to their registered GP. Reports that were produced following health assessments were sent to patients NHS GP as a matter of course with patient consent. Clinical staff were aware of their responsibilities to share information under specific circumstances (where the patient or other people were at risk) and we were told of examples where GPs had succeeded in getting consent to share information, after explaining the risks to the patients if they did not agree to the sharing of information.

Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged in consultation with the patient who could be referred to their NHS GP for a further referral or straight to a private provider of the patients' choice. Patients were not limited to Nuffield Health providers but given a choice of where they wished to be referred.

GPs were expected to review test results received within one working day. Referrals to secondary care were made on the same day as a GP consultation.

Supporting patients to live healthier lives

The primary aim and objective of the centre was to support patients to live healthier lives. This was done through a process of assessment and screening and the provision of individually tailored advice and support to assist patients. Following assessment, each patient was provided with an individually tailored 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. Reports also included factsheets and links to direct patients to more detailed information on aspects of their health and lifestyle should they require this.

Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

For patients whose costs were not being paid by their employer, treatment costs were clearly laid out and explained in detail before treatment commenced.

Are services caring?

Our findings

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience at the centre was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received eight completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and in a clean environment. Cards also stated that staff were caring, professional and treated them with dignity and respect.

Following consultations, patients were asked to fill out a short survey. Patients that responded indicated they were very satisfied with the service they had received. Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

Feedback from the service's own post consultation survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.

The service used a number of means to communicate with patients who did not speak English as their first language, which included access to a telephone translation service and face-to-face translators when required.

There was a hearing loop and reception staff could support patients in its use.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The service had systems in place to facilitate compliance with data protection legislation and best practice.

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 service offered a range of health assessments for patients. The centre had an on-site pathology laboratory, so could offer same day pathology results; most of these were available during the patient's assessment which enabled them to be reviewed and discussed with the doctor.

Discussions with staff showed that the service was person centred and flexible to accommodate patient needs. Patients received personalised reports that were tailored to their particular needs. They were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

Timely access to the service

Consulting hours were 7.30am to 8.30pm Monday to Friday. Patients could book by telephone or e-mail or by walking in to the practice. Telephone answering was monitored to ensure that calls were answered swiftly.

Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

The provider encouraged and sought patient feedback. Every patient was asked to complete a short survey after their consultation and almost all rated their overall experience as good or very good. The practice collated the results to look for trends.

Information on how to complain was available in the waiting room and on the provider's website. There had been two complaints in 2018. These were handled in accordance with the published process, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.

There was evidence of improvement in response to complaints and feedback, including training for staff, changes to data systems and updated policies. Staff received information about complaints at practice meetings.

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

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership.

Vision and strategy

The centre 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 in place. The centre had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The centre monitored progress against delivery of the strategy.

Culture

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

- Staff we spoke to said they felt respected, supported and valued.
- The centre focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The centre actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff teams. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

Governance arrangements

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

- There were processes and systems to support the governance of the practice.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The centre had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The centre manager had oversight of incidents, and complaints.
- The centre had plans in place and had trained staff for major incidents.

Are services well-led?

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

- The centre implemented service developments. Changes were made with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, the planned implementation of three new health assessments.
- The centre used information technology systems to monitor and improve the quality of care.
- The centre submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service sought and used the views of patients and staff and used feedback to improve the quality of services.

- Patient feedback was used to improve services. For example, following patient feedback a number of new health checks were being developed tailored specifically to patient needs.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. Staff told us that they were encouraged to consider and implement improvements.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence of learning being shared from the service and from other services in the group.
- There was evidence that monitoring was used to identify areas for improvement, which were then acted upon. For example, following a complaint from patients that some blood tests were not being processed on time by locum doctors, a tracking system was set up to ensure results were processed on the day. This was checked daily by one of the regular employed doctors.