

Nuffield Health

# Nuffield Health Birmingham Fitness & Wellbeing Centre

## Inspection report

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## 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 on Nuffield Health Birmingham Fitness and Wellbeing Centre as part of our inspection programme.

Nuffield Health Birmingham Fitness and Wellbeing Centre provide 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 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.

Patient feedback and completed CQC comment cards were very positive about the service. Staff were described as helpful and patients noted that they were treated with kindness and respect.

### **Our key findings were:**

- The service had systems to keep people safe and safeguarded from abuse. A duty doctor was available each day and they were responsible for managing safeguarding concerns.
- There were safe and effective recruitment procedures in place to ensure staff were suitable for their role. There was evidence of effective processes to develop staff which was recognised as being integral to ensuring the delivery of a high quality service.
- There were effective systems in place to manage infection prevention and control.

# Summary of findings

- Services were organised and delivered services to meet patients' needs, they focused on preventative health and patients were supported to live healthier lives. Staff treated patients with kindness, respect and compassion.
- The development and ongoing education of staff was recognised as being integral to ensuring the delivery of a high quality service.
- There was evidence in place to support that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- There were adequate arrangements in place for laboratory tests as well as for transporting samples for any offsite testing. During our inspection we noted that the service operated stringent internal and external quality control systems to support this service.

- There was evidence of continuous quality improvement across various areas such as internal key performance indicator monitoring, adherence to regulatory and best practice standards and quality audits.

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

- Consider supporting doctors who interpret diagnostic spirometry to achieve the standard of practice set out by the Association for Respiratory Technology and Physiology (ARTP) and enable them to enrol on the National Register, as best practice.
- Consider further adding to existing mandatory training modules to support staff in being able to identify and manage patients with severe infections, such as for sepsis.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Nuffield Health Birmingham Fitness & Wellbeing Centre

## Detailed findings

### Background to this inspection

Nuffield Health Birmingham Fitness and Wellbeing Centre provide 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 service is delivered from the clinic based at Nuffield Health Birmingham Fitness and Wellbeing Centre, 20 Ashbrook Drive, Birmingham, B45 9FN. We inspected this location on 30 May 2019. Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a nurse specialist advisor.

The service 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.

Health assessments and physiotherapy are delivered in a purpose built clinic located in the health and wellbeing centre. The clinic is open between 8am and 5pm during weekdays for Health Assessments. There are two doctors, three physiology staff and a physiotherapist who work at the centre. Patients can choose to see a female or male staff member when booking in for health assessments. In addition, patients can choose to be seen at one of the other nearby or wider health and wellbeing centres in the UK.

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 focussed on cardiovascular health.

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

In addition, patients could access cognitive behavioural therapy (CBT) at the service for support with emotional and mental wellbeing. This service had very recently been introduced at this location, as of 29 May 2019.

Before our inspection we reviewed a range of information about the service, this included patient feedback from the public domain, information from the providers website and the providers 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

# Detailed findings

- 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?

## Our findings

### 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 service had processes and systems in place to keep patients safe. 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.
- 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, including the safeguarding lead were trained in safeguarding adults at level two, we also noted that the service was making arrangements for staff to work towards a level three safeguarding training achievement.
- Staff we spoke with knew how to identify and report concerns, and how to effectively contact other agencies to support patients and protect them from neglect and abuse.
- There was a duty doctor available each day who was responsible for managing safeguarding concerns such as those pertaining to risks of suicide and domestic violence. The duty doctor then liaised with the most suitable organisation to ensure vulnerable patients were offered support, this included liaison with police, the NHS, local safeguarding teams and support organisations such as the Samaritans.
- Although health assessments were available to those aged 18 and over only at the service most staff had completed level two child safeguarding training, with the exception of the Physiotherapist who had completed level one training.
- safeguarding policies incorporate appropriate child safeguarding principles.

- The provider operated safe and effective recruitment procedures to ensure staff were suitable for their role, these systems were routinely monitored by the service for areas such as registration with the appropriate professional bodies, appropriate indemnity arrangements and checks through the Disclosure and Barring Service (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). All staff had received a DBS check, including those who acted as chaperones; chaperones had also been trained for this role.
- There was an effective system to manage infection prevention and control. We observed the premises to be visibly clean and tidy and we saw that cleaning specifications were in place and records were kept supporting that medical equipment was frequently cleaned. Systems were in place to ensure clinical waste was appropriately disposed of. 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 audits.
- The provider carried out appropriate environmental risk assessments which considered the profile of people using the service and those who may be accompanying them. The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw calibration records to ensure that clinical equipment was checked and working. There was a health and safety policy in place. We saw that fire risk was formally assessed, fire drills and weekly fire alarm testing was recorded and that staff had received health, safety and 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.

### Risks to patients

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

## Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The organisation had a capacity management team which managed the rota system for each region. This system covered different staffing groups to ensure that enough staff were on duty to meet demand. Rota systems viewed during our inspection indicated that there were enough staff, including clinical staff, to meet demand for the service.
- Managers advised that they hadn't needed to use Locum doctors for a very long time, they had used zero Locums in the last 12 months. If needed however, Locum doctors were sourced through an agency and the service had a contract in place for this arrangement; they also completed the appropriate recruitment checks prior to working at the service. This was monitored through the services quality assurance process.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. On discussion, members of the management team explained that a general wellbeing check for signs and symptoms of poor health was carried out through the bookings process, by a central bookings team. At this point patients with more urgent needs could be signposted appropriately.
- However, we noted on this inspection that staff had not completed training on how to identify and manage patients with severe infections, specifically for sepsis. On identifying this during our inspection, the management team sourced sepsis information to display and aid staff in spotting the signs and symptoms of sepsis. In addition, managers discussed raising an internal request for sepsis to be added as a mandatory training module across the organisations wellbeing centres. We were assured that the doctors had completed sepsis training as part of their GP roles.
- Shortly after our inspection took place the service shared additional information outlining that they offered sepsis training as part of their Continuing Professional Development package and that they also advised that they offered a module for the recognition of the acute deteriorating adult patients, however this was positioned for the acute setting. Information shared also highlighted that patients who were very ill would be directed accordingly, such as to A&E where needed. It

was advised that information on Sepsis had been communicated to staff in the September 2018 newsletter with a link to a resource for them to increase awareness.

- 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.

### 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.
- Systems were in place to ensure that all patient information was stored and kept confidential. There were policies in place to protect the storage and use of all patient information. IT systems were password protected and encrypted. The organisation achieved and adhered to ISO 9001 quality standards for their IT based medical records.
- The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. Safety alerts were disseminated by the services medical director and through the providers quality support team. Local alerts were received at clinic manager level and in their absence, were picked up by the operations manager. 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. For example, the organisation received a medical device alert in relation to a specific type of emergency equipment. Although their equipment was not affected, a record was made to demonstrate that the necessary equipment checks had been carried out. The service also shared alerts at team meetings and through the organisations newsletter and the intranet.

### 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, with the exception of emergency medicines for use in a medical emergency. There was no prescribing carried out at this location. There were some arrangements in place to respond to emergencies and major incidents. During our inspection we saw that the service had a defibrillator and oxygen with adult masks on site and there were records in place to support that 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. The medicines were checked on a regular basis and records were kept supporting this.

### **Track record on safety and incidents**

#### **The service had a good safety record.**

A system was in place for recording, reporting and investigating significant events. The service recorded these as adverse events, staff we spoke with told us they would feel confident to raise any events or concerns and that leaders and managers supported them when they did so. We saw an example of an event whereby a patient experienced a delay in receiving their cytology test result. On identifying the matter, an apology was given to the

patient and the result provided imminently; an investigation into the matter concluded that this incident occurred due to an IT administrative error and that no patient harm had occurred due to the delay. Lessons learnt were shared in a practice meeting and then shared further in the organisational newsletter. This included a take home message for clinicians and advice on how to prevent any recurrence.

### **Lessons learned and improvements made**

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

There were adequate systems for reviewing and investigating when things went wrong. The service shared learning, identified themes and acted to improve safety in the service. We also saw evidence of shared learning from services in the wider organisation whereby incidents and changes to clinical guidelines were reflected on through corporate newsletters. The service had systems in place for knowing about notifiable safety incidents. Staff told us the provider encouraged a culture of openness and honesty and that they would feel confident to report incidents or concerns.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

The provider had systems to keep clinicians up to date with current evidence based practice. The service operated stringent processes to monitor quality and performance. Staff had the skills, knowledge and experience to carry out their roles and their development was recognised as being integral to the service. The services provided focused on preventative health and the service 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 in line with current legislation, standards and guidance as relevant to their service.**

- There was evidence in place to support that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- Doctors assessed patients' needs and delivered care in line with National Institute for Health and Care Excellence (NICE) evidence based practice. We saw evidence to support that comprehensive assessments took place using clear clinical care pathways and protocols during our inspection.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.

The provider used technology to improve care and to support patients' independence when accessing services. For example, in addition to the four health assessment packages, the service had introduced personalised assessments for tailored health (PATH). At the time of our inspection, these assessments were available to patients employed by a service that had signed up to this package as part of their employee health and wellbeing scheme. This service operated by enabling the patient to answer a series of questions online, the answers provided were then processed through an evidence-based clinical algorithm resulting in a personalised face to face health assessment with the most suitable clinician to meet their needs.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity, for example:**

- Service performance indicators were formally reported through a quarterly scorecard process. This provided a dashboard for services to monitor their performance against standards, as well as other services across the organisation. The recently published scorecard reports we viewed during our inspection showed that the service was meeting standards in all areas including turnaround times for patient reports, pathology and cytology results.
- There was evidence of quality improvement and we saw examples of audits which were used to drive service improvement. For example, we saw the service audited their cervical screening service to ensure that a result was received for every sample taken. We also saw that 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. In addition, the service also used regular monitoring and auditing to ensure that abnormal results were acted on as a priority. We saw that 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.**

Overall, our findings demonstrated that the continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring that high quality care was delivered by the service.

Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. Up to date records of skills, qualifications and training were maintained. We saw evidence of a comprehensive training system in place during our inspection. This comprised of various mandatory and essential training resources and online modules. This system was also supported by a quality monitoring system to monitor training needs.



# Are services effective?

(for example, treatment is effective)

Staff were encouraged to partake in a well-structured training and education programme facilitated through the organisations training academy. The organisation had allocated training budgets in place to ensure that staff training and education remained a priority.

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 were trained to a master's degree level in physiology, anatomy, biochemistry and disease management. The organisation funded training for all Physiologists recruited by the service, this enabled them to work towards a level seven advanced professional diploma in Health and Wellbeing Physiology which was also funded by the service. Clinical training was governed by the services regional clinical leads, each lead had responsibility for a particular clinical area such as diet and nutrition, posture and pathology; this helped to ensure that new evidence and guidance was disseminated appropriately. Doctors were also provided with five paid study days each year.

Staff received regular one to ones and annual appraisals. Clinic managers also had regular reviews in addition to a comprehensive annual review, we saw evidence of reports in place to demonstrate this. Doctors that were also employed through the NHS were appraised by their responsible officer through as well as by the organisations Medical Director. 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 organisations regional clinical leads; this included regular observation and completion of training and competency programmes.

The service could not provide evidence or assurance to support the competency of doctors to interpret diagnostic spirometry; for example by undertaken training approved by the Association of Respiratory Technology and Physiology which would allow eligibility on the spirometry register, as best practice. This would demonstrate that they had achieved the standard of practice set out by the Association for Respiratory Technology and Physiology (ARTP).

## 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 online and via a centralised bookings team. All patients were asked for consent to share details of their consultation and health assessment with their registered GP on each occasion they used the service. 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, we saw evidence of comprehensive referral correspondence during our inspection.
- Staff knew how to make an urgent referral when needed. There were protocols in place to support this. The service adapted a process to ensure that all urgent referrals were followed up within 72 hours.
- The service offered onsite testing for various testing and screening procedures such as FBC tests (full blood count), cholesterol tests; FOB tests (faecal occult blood) tests for bowel cancer screening and blood glucose testing. There were adequate arrangements in place for laboratory tests as well as for transporting samples for any offsite testing. During our inspection we noted that the service operated a stringent internal and external quality control systems to support this service. These quality control systems reflected guidelines by The Medicines and Healthcare products Regulatory Agency (MHRA).
- There was a process to ensure that all test results were received and reviewed in a timely manner. All test results were reviewed by the doctor and accredited biomedical scientist.
- 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.
- There was a 14 day turnaround time for the completion of health assessment reports, this acted as an additional failsafe mechanism to ensure that results were received and reviewed for each test carried out. The service also operated effective monitoring of this through ongoing quality assurance reports, monthly internal key performance indicator adherence and quarterly scorecard processes. Test results were communicated to patients through written reports and telephone calls were also made to patients where needed, we saw that these were also recorded on the patient record system.

## Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

## **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- The services provided 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 in an aim 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 an option of two 360 comprehensive health assessments. The assessments included tailored lifestyle, medical and non-invasive tests. Personalised assessments for tailored health were also available, these assessments were available to patients employed by a service that had signed up to this package as part of their employee health and wellbeing scheme.
- The service had very recently introduced cognitive behavioural therapy (CBT) at this location, to support patients with their emotional and mental wellbeing needs.
- 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 were required then patients were referred to other

health experts, both privately or through the NHS. Patients also received a 10 day gym membership following their health assessment or physiotherapy appointment.

- On the day of our inspection we saw that there was health assessment material on display in the clinic waiting area, the organisations website also 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 that where appropriate, this would be communicated to their normal care provider for additional support. Where patients 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.
- There was clear information available with regards to the services provided and the cost of these.

# Are services caring?

## Our findings

### We rated caring as Good because:

Staff treated patients with kindness, respect and compassion. Patients 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 patients timely support and information.

We received five completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Staff were described as helpful and we noted that some of the comment cards highlighted improved outcomes with regards to patients health and wellbeing issues. Comments also described the environment as pleasant, clean and tidy. A patient we spoke with during our inspection was also positive about their experience of the service.

The service gathered patient feedback through customer satisfaction surveys, online feedback, comment slips and by general feedback provided during appointments. We looked at the results of the services January/March 2019 customer satisfaction surveys which highlighted positive satisfaction rates. The services monthly scorecard for March 2019 also showed high satisfaction rates with regards to the service provided. The survey asked patients to rank different aspects of the service on a scale of zero to 10, with zero being negative and 10 being positive based on their individual experience of the service. We saw that patients ranked the service positively (at nine to 10 on the scale) with regards to:

- The approach and friendliness of the clinical staff
- The manner of the physiologist seen and the manner of the doctor seen.
- The knowledge of the physiologist, physiotherapist and the doctor with regards to the issues presented by patients.

### Involvement in decisions about care and treatment

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

Patient comments gathered during our inspection highlighted that they felt listened to and that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Interpretation services were available for patients who did not have English as a first language.

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. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on.

We saw that most patients ranked the service positively on their satisfaction surveys (at nine to 10 on the scale) with regards to:

- Receiving a clear explanation of the assessment process from the clinician.
- Patients highlighted that they left their health assessments with clear and realistic action points and that the experience was made personal to them.

### Privacy and Dignity

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

Staff recognised the importance of people's dignity and respect. Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We noted that the services latest customer satisfaction survey results indicated that patients felt their dignity was respected during examinations with the doctor.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. Patients had timely access to services with a choice of location and a choice of doctor, physiologist and physiotherapist. The service took account of patient's needs, 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. A designated booking team was available to help patients with the booking of appointments. Appointments could be booked over the telephone, face to face and online. Patients had a choice of time and day when booking their appointment; they also had a choice of male and female doctors, physiologists and physiotherapists.
- Patients were also able to book in with the same clinical staff member for continuity of care. In addition, patients could choose from a selection of the other Health and Wellbeing Centres to suit their geographical needs.
- The provider made it clear to the patient what services were offered and the limitations of the service were clear. Individualised reports were provided to patients that were tailored to their particular needs. Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.
- In addition to the four Health Assessment packages, the service had started to offer personalised assessments, these assessments were available to patients employed by a service that had signed up to this package as part of their employee health and wellbeing scheme.
- Patients could access cognitive behavioural therapy (CBT) at the service for support with emotional and mental wellbeing, this service was recently introduced at this location.
- 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 and test results.
- 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.

We noted that the services latest customer satisfaction survey results indicated that patients were happy with access to the service. The survey asked patients to rank different aspects of the service on a scale of zero to 10, with zero being negative and 10 being positive based on their individual experience of the service. We saw that most patients ranked the service positively (at nine to 10 on the scale) with regards to their telephone call being answered in a timely manner and being offered a suitable appointment time.

### 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 was a 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 services complaints information noted that complainants could refer their complaint to the Independent Sector Complaints Adjudication Service

# Are services responsive to people's needs? (for example, to feedback?)

(ICAS) and the Parliamentary Health Service Ombudsman (PHSO) if they were not happy with how their complaint had been managed or with the outcome of their complaint.

- A complaints overview provided by the service demonstrated that one complaint had been made during the last 12 months. Openness, honesty and

transparency were demonstrated when responding to complaints; we saw that this complaint was investigated by the most appropriate leads and that the complainant was provided with a timely response.

- Complaints were discussed with staff during one to ones and group meetings where appropriate, in addition we saw that learning and any themes from complaints were shared with staff on a local level and across the wider organisations through the use of meetings and newsletters.

# Are services well-led?

Good 

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

## Our findings

### We rated well-led as Good because:

The service had a culture of high-quality sustainable care. The service focused and invested in both the needs of their patients and also their staff. In turn, patient satisfaction was positive and staff felt respected, supported and valued. There was evidence of effective processes to develop staff which was recognised as being integral to ensuring the delivery of a high quality service. Governance arrangements were actively reviewed and reflected best practice. There were clear and effective processes for managing risks, issues and performance.

### 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 health organisation, which runs a network of hospitals, medical clinical, diagnostic units and fitness and wellbeing clubs across the UK. The organisation was managed by a board of governors with various responsibilities including strategy plans, monitoring group performance, overseeing risk management and setting the groups values. Day to day executive authority was delegated by the governors, to the Group Chief Executive.

- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- At a local level, we found there was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Clinic managers were visible in the service and conversations with clinical staff indicated that they had frequent engagement with and access to their regional clinical lead.
- 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 in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.

### 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 which was complimented by a set of organisational values and behaviours. Values included being responsive to patient needs, acting on feedback to thrive, develop and improve and to achieve quality outcomes. An ultimate aim within the values was to put patients at the heart of the service.
- Conversations with staff during our inspection demonstrated that they promoted these values through their day to day roles.
- The service had a realistic strategy and supporting business plans to achieve priorities. Progress against the delivery of the strategy was regularly monitored.

### Culture

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

- The service focused and invested in both the needs of their patients and also their staff. In turn, patient satisfaction was positive and staff felt respected, supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. We noted that incidents and complaints were handled with openness, honesty and transparency.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- All staff received annual appraisals in addition to one to ones. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional time for professional development and evaluation of their clinical work.

# Are services well-led?

Good 

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

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- 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.

## Governance arrangements

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

- Governance arrangements were actively reviewed and reflected best practice. There was an organisational quality and safety committee which had oversight of any matters relating to the safety and quality of the service.
- There were clear staffing structures in place, these reflected both corporate and local level staffing structures. 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. These were reviewed regularly and updated when necessary and staff could search for these through the services policy management system online.
- Staff attended a variety of meetings as part of their roles, this included regular meetings for clinic managers quarterly meetings between the regional clinical leads and weekly meetings with the heads of departments. There were also frequent staff meetings. We saw that meetings were governance by agendas and minutes, minutes of some meetings were also aligned to the CQC key lines of enquiry where safety, effectiveness, caring, responsiveness and well-led areas were discussed so that the service could internally review these areas on an ongoing basis.

## 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.
- 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.
- The provider had plans in place to manage major incidents.
- The service used a dashboard scorecard system to monitor their performance against internal key performance indicators, best practice standards and effective risk management.

## 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.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service 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 involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance. The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care.
- Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys. For example, one of the physiologists (and regional clinical lead) had

# Are services well-led?

Good 

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

designed a referral pathway for lifestyle health assessments, for 24 hour follow ups and for emotional wellbeing referrals. The staff member went on to complete a secondment position with the organisation to deliver their designed pathways nationally.

- Staff satisfaction was frequently sought through surveys, one to ones and during appraisals. Staff were encouraged to give feedback and share ideas, as well as concerns.
- Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved. For example, following feedback from patients the service started to offer two follow up telephone calls with the physiologist to provide support following their health assessments.

## 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 at all levels within the service. 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. A member of the management team

explained that IT was an area that the organisation was focussing on in order to improve and link their IT systems in a more effective way. The organisation was working on a project to aid this work. The staff member explained that not all systems could link to one another and the aim of this project was to not only allow for better access to patient information, but to reduce the use of separate system and aid joint working across the organisational provider group.

A report provided by the service as part of our inspection highlighted how they were working to reduce suicides by 10% (by 2020/21) in line with NHS England's Five Year Forward View for Mental Health. To help with this, the organisation implemented a role of duty doctor who was available each day and was responsible for managing alerts pertaining to risks of suicide and domestic violence. This process included liaison with the most suitable agency to ensure vulnerable patients were offered support; this could include the police, the NHS, local safeguarding teams and support organisations such as the Samaritans. Although no evidence of local outcomes was available during our inspection, suicide intervention outcomes for the overall provider organisation highlighted that all 297 patients who expressed a risk of suicide (since October 2018) had provided an exceptionally positive response to the service and support offered to them. In addition, the local service had also recruited an accredited cognitive behavioural therapy (CBT) practitioner for patients to access for support with emotional and mental wellbeing.