

Nuffield Health

Nuffield Health Cannock Fitness and Wellbeing Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 19 July 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.

Summary of Findings

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 Cannock Fitness and Wellbeing Centre is part of the Nuffield Health UK health organisation. The Centre is located in Cannock, Staffordshire and was acquired by the organisation in 2007. The health clinic opened within the centre in 2008 and provides a range of health assessments and physiotherapy services to adults. Services are delivered in a purpose built clinic located within the centre and are provided privately and are not commissioned by the NHS. Following a detailed assessment and screening process patients receive a consultation with a doctor to discuss the findings of the

Summary of findings

results and any recommended lifestyle changes or treatment planning. Patients can choose to be seen at one of the other nearby or wider health and wellbeing centres managed by the provider across the UK.

The site is managed by a General Manager, who is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

As part of the inspection we received 17 completed CQC comment cards from patients using the services provided by the clinic. We also spoke with one patient during the inspection. The overall feedback clearly demonstrated positive outcomes for patients. Patients spoke very highly of the services they received from the clinic and told us they would recommend the clinic to others. Patients told us their health assessments were thorough and physiotherapy treatments had improved the quality of their lives. They also told us they were treated with kindness and respect and described staff as very professional, courteous, friendly, efficient, polite and caring. Customer satisfaction survey results highlighted positive satisfaction rates with regards to the services provided at the clinic. Staff we spoke with told us they were very well supported in their work, felt valued and were proud to be part of the team and the organisation.

Our key findings were:

- Patients had access to and received detailed and clear information about the health assessments which enabled them to make an informed decision.
- Patients were offered convenient and flexible appointments at a time convenient to them.

- Staff helped patients be involved in decisions about their care and treatment. Patients' needs were fully assessed and any treatment was tailored to individual needs and delivered in line with current evidence based guidance.
- Staff had access to the information they needed to plan and deliver care and treatment in a timely and accessible way. There was evidence to demonstrate that the service operated a safe, effective and timely referral process.
- There were effective procedures in place for monitoring and managing risks to patient and staff safety.
- There was a transparent approach to safety and effective systems in place for reporting and recording adverse incidents.
- The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded them from abuse.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff were supported with their personal development and received opportunities for supervision, training, coaching and mentoring appropriate to their work.
- The provider operated safe and effective recruitment procedures to ensure staff were suitable for their role.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- There was evidence of continuous quality improvement across various areas which were regularly reviewed through a range of audit, monitoring of key performance indicators adherence to regulatory and best practice standards.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Consider documenting verbal complaints and comments to help identify any trends and themes.

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.

- The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded them from abuse. The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- There was an effective system in place for reporting and recording incidents and disseminating learning.
- Safe and effective recruitment procedures were in place to ensure staff were suitable for their role.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The premises were visibly clean. Staff had received training in infection prevention and control.
- There were arrangements in place to respond to emergencies and major incidents and managing risk.
- The provider had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Are services effective?

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

- Patients' needs were assessed and care and treatment was tailored to individual needs and delivered in line with current evidence based guidance to achieve effective outcomes.
- The service operated a safe, effective and timely referral process.
- Staff felt well supported in their work and were provided with appropriate training and continuing professional development to meet their learning needs that covered their scope of work.
- The service had effective systems in place to assess and monitor the quality of service that patients received. Patient outcomes were reviewed as part of a range of audits carried out.
- There was evidence of continuous quality improvement across various areas which were regularly reviewed through a range of audit, monitoring of key performance indicators adherence to regulatory and best practice standards.
- Patients' consent to care and treatment was obtained in line with the services provided.

Are services caring?

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

- Patients shared positive experiences of the services they received. They described staff as very professional, courteous, friendly, efficient, polite and caring. Patients told us they were treated with kindness and respect.
- People considering health assessments and treatment were provided with appropriate and timely information to make an informed decision about any treatment including associated costs. Post physiotherapy treatment patients were provided with aftercare information.
- Staff demonstrated caring attitudes, spoke passionately and were knowledgeable about their work and strived to provide patients with positive outcomes.

Summary of findings

- Patients told us they felt listened to, were respected and that their privacy and dignity was promoted during their assessment and treatment. Customer satisfaction survey results indicated that patients felt their dignity was respected during examinations.

Are services responsive to people's needs?

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

- The service served the whole adult population and aimed to provide accessible health assessments and treatment.
- Patients could book appointments over the telephone, in person or on line and were offered convenient, flexible and timely appointments at their preferred health and wellbeing centre to suit their geographic needs.
- The clinic was easily accessible to meet the needs of the population and had good facilities to treat patients and meet their needs.
- Information about how to complain was available. The service had responded quickly to any issues raised. Learning from complaints was communicated with staff to promote learning however, verbal complaints were not always documented to help identify any common trends and themes.

Are services well-led?

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

- There was effective leadership, management and governance arrangements in place that assured the delivery of high quality person centred care and treatment.
- The service had a suite of policies and procedures to support good governance.
- The service had a set of vision and values were clearly visible and communicated to staff and patients. A culture of openness and honesty was promoted throughout the service.
- Patient and staff views were encouraged and shared to review, shape and improve the service provided.
- Staff received a comprehensive induction and role specific training and were provided with a range of opportunities for continued professional development. They felt well supported, respected and valued by their colleagues, managers and the wider organisation.
- Staff were encouraged to identify opportunities to improve the quality of the service through staff surveys, team meetings and the appraisal process.
- There was evidence of continuous quality improvement across various areas which were regularly reviewed through a range of audit, monitoring of key performance indicators and surveys.

Nuffield Health Cannock Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

We inspected Nuffield Health Cannock Fitness and Wellbeing Centre on 19 July 2018. The inspection team included a CQC lead inspector and GP specialist advisor.

The service is part of the Nuffield Health UK health organisation, a trading charity which was established in 1957 and runs a network of 32 private hospitals, medical clinics, fitness and wellbeing centres and diagnostic units across the UK. Nuffield Health Cannock provides a range of health assessments and physiotherapy services to people aged 18 years and over. Services are provided from a purpose-built facility offering a full fitness suite, fitness classes, swimming pool and cafe.

Patients have access to the following range of health assessments:

- A general lifestyle health assessment for patients wanting to reduce health risks and make lifestyle changes.
- A female assessment covering all aspects of female health.
- A 360 degree health assessment which is an in-depth assessment of a patient's health and wellbeing and includes a review of diabetes and heart health risks.
- A 360+ degree health assessment which is the most in-depth assessment with an extra focus on cardiovascular health in addition to bespoke health assessments focusing on weight management and resilience.
- The provider has also recently introduced personalised assessments for tailored health (PATH) to support

businesses in looking after their employees to help reduce costs through sickness while increasing productivity and improved health and wellbeing of their staff.

The health clinic is open between 8am and 4pm on a Monday, Thursday and Friday. Between 12 noon and 8pm on a Tuesday and between 8am and 8pm on a Wednesday and is open to both members and non-members of the centre. Health assessments are available each day except for a Tuesday. Physiotherapy services are available Tuesday to Thursday. The team at Cannock consists of one health assessment doctor, three physiologists to include a clinic manager and one physiotherapist supported by a general manager, who is the registered manager, administrative and reception staff. Patients can choose to receive services at the Cannock clinic or at an alternative health clinic managed by the organisation.

Before visiting we reviewed a range of information we held about the service and asked the service to send us a range of information. During the visit we spoke with a range of staff including the clinic manager, physiotherapist, physiologist and the registered manager. We gained feedback from 18 patients through patient discussions and completed CQC comment cards. We carried out observations, reviewed the systems in place for the running of the service, to include how clinical decisions were made, sampled key policies and procedures and looked at a selection of anonymised patient records.

Further details about the service can be found on the provider website: www.nuffieldhealth.com

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

Detailed findings

- 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

The service had clearly defined systems in place to keep patients safe and safeguarded from abuse. We saw staff had access to childrens', young people and adults' safeguarding policies and the contact details of relevant agencies should they have concerns regarding a patient's welfare. Staff received safeguarding training on an annual basis and understood their responsibilities in safeguarding patients and had access to a regional designated safeguarding lead within the organisation.

The provider had a central recruitment team and managers at a local level were involved in the selection and recruitment process of new staff. We were told the provider operated a stringent recruitment process and only considered applicants that met the essential criteria. Applicants were required to attend a recruitment day to assess their competence and qualities for the role. We reviewed the electronic recruitment records held for two staff and found all the required documentation had been obtained prior to staff commencing employment, including proof of identity, satisfactory evidence of conduct in previous employment and checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff employed. (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).

There were arrangements in place to provide patients with a chaperone if desired. Bookings for health assessments were taken centrally and patients were asked a series of questions at the time of booking to include their preferred gender of clinician and if they wished to be accompanied for their appointment. A chaperone policy was displayed in the waiting area and in clinical rooms advising patients that staff were available to act as chaperones if required. Patients were also asked at their appointment if they wished to have a chaperone during their health

assessment and the clinician documented it in patient records if they declined. Designated staff acted as chaperones and received training on an annual basis for the role and had received a DBS check.

The service had an effective system in place to manage infection prevention and control. The provider employed their own cleaning staff. We observed the premises to be visibly clean and tidy. The clinic manager was the lead for infection, prevention and control and carried out regular audits. Discussions held with them demonstrated they had a clear understanding of their role and responsibilities to ensure appropriate standards of cleanliness and hygiene were maintained. Staff had access to an infection control policy and had received on-line training. Cleaning schedules were in place and records maintained to ensure the premises and medical equipment was regularly cleaned and we saw staff had access to personal protective equipment including disposable gloves and aprons. There were systems in place for safely managing clinical waste and the disposal of sharps and for ensuring that facilities and equipment were safe and equipment was maintained according to manufacturers' instructions.

Risks to patients

The service had arrangements in place to respond to emergencies and major incidents. Staff had completed training in emergency resuscitation and basic life support to ensure they were able to respond appropriately to any changing risks to patients' health and wellbeing during their visit to the clinic. We saw staff has access to information on how to respond to emergency situations and this was displayed in an easy to read format in the clinical rooms and the laboratory. We were told staff regularly participated in scenarios to ensure they were equipped to deal with emergency situations. Pull cords were also available throughout the clinic in the event of an emergency. Managers were able to share a recent example of how the team had effectively responded to a patient who had become unwell during a health assessment and the action taken to promote the health and welfare of the patient concerned.

Emergency medicines and equipment were easily accessible to staff and stored in a secure area and staff knew of their location. We saw the service had emergency resuscitation equipment available including two automatic external defibrillators (AED) and oxygen. We saw these were regularly checked and records maintained to ensure the

Are services safe?

equipment and emergency medicine was safe to use. Although not all of the suggested medicines were held at the clinic, the provider told us they were compliant with the Nuffield Health Group Resuscitation Policy.

The service had a health and safety policy in place and a designated health and safety lead within the centre. A range of risk assessments had been undertaken to help mitigate risks to patients, staff and visitors to the centre which were regularly reviewed and updated. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly. Weekly fire alarm checks were carried out in addition to regular fire drills, however, the centre did not have designated fire marshals. We saw staff had received essential health, safety and welfare training including fire safety and infection, prevention and control. Staff who performed blood tests were aware of the appropriate action to take in the event of a sharps injury.

Staffing levels and the skill mix of staff were planned and reviewed to ensure patients received safe care and that there were sufficient staff available to meet the demand on the service. The provider had a dedicated capacity management team which managed the rota system within their region and determined appropriate staffing levels and skill mix for each location. The staffing rota we reviewed indicated that there was adequate staffing available. Staff we spoke with during the inspection considered there were sufficient staffing. We were advised that the clinic was looking to expand its physiotherapy business and were in the process of recruiting to a 16-hour physiotherapy post shortly. There were arrangements in place for dealing with staff absence. Staff were required to call a central line to report sickness in addition to their line manager.

The service had a serious incident management manual in place to ensure any disruptions had a minimum impact on the delivery of the service such as IT systems failure or internal disaster. The plan did not include emergency contact numbers for staff however, we were advised managers held these for all staff.

Information to deliver safe care and treatment

We saw staff had the information they needed to plan and deliver care and treatment. Information was held securely and accessible to staff electronically through the IT system. This included investigation and test results and health assessment reports.

There were systems in place to seek patients' written consent prior to patients receiving any treatment or procedure. Consent documentation included advising patients of the intended benefits and possible risks. Patients' consent was also obtained prior to sharing information about any treatment received with their NHS GP.

Safe and appropriate use of medicines

With the exception of medicines for use in a medical emergency, no medicines were held on the premises or prescribed. Staff carried out daily checks on the emergency medicines and equipment to ensure they were safe for use.

There was a system in place for the clinic manager and doctor to receive national safety alerts issued by external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were received and disseminated to staff via email and assurances were gained to ensure staff had read and understood the alerts and actioned where necessary. We saw safety alerts were discussed during monthly meetings held and any agreed actions were documented for any relevant alerts received.

Track record on safety

The service had a good safety record and used an electronic incident reporting software system for recording, reporting and analysing serious events and incidents. All incidents were monitored on a regular basis through the provider's quality assurance process to understand risks and improve practice where identified. Staff we spoke with told us they were encouraged to report incidents or concerns. They were aware of the process and had received essential training on the use of the internal reporting software system and had access to the policy. We reviewed the records held and saw three clinical incidents had occurred since March 2017. Incidents had been logged and investigated. Lessons learnt were shared with staff.

Lessons learned and improvements made

There was a system and procedure for recording and acting on incidents. Staff were aware of the systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Staff told us the provider encouraged a culture of openness and honesty and felt confident in reporting incidents or

Are services safe?

concerns. Staff could share examples of lessons learned as a result of incidents that had occurred. For example, the action taken by the clinic when a patients' health deteriorated during a health assessment that resulted in the patient requiring emergency medical attention in

addition to an error that had occurred in the on-site clinic laboratory which was quickly rectified and the patient offered an apology. Clinical incidents were shared in meetings held to ensure learning were shared and improvements made.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

Patients were made aware of the cost of their health assessment or physiotherapy treatment prior to booking. They were required to complete a comprehensive online health questionnaire prior to their appointment with a help line facility to ensure they were supported to find the most appropriate assessment that would best suit their needs. These were reviewed during their face to face assessment. We saw staff had access to best practice guidelines set by the National Institute of Clinical Excellence (NICE) and used this information to deliver care and treatment. Staff could share examples of how they kept up to date with best practice for example, the doctor received any relevant NICE guidance from the medical director and other clinicians via the organisations head of physiology.

Monitoring care and treatment

The provider reviewed the effectiveness and appropriateness of the service provided. All staff were actively engaged in monitoring and improving quality and outcomes. For example: key performance indicators were in place for monitoring various aspects of the quality provided to patients including, timeliness of pathology results, reports prepared and patient satisfaction rates.

There was evidence of quality improvement and we saw examples of audits which were used to drive service improvement. For example, we saw records of an internal audit which focussed on ensuring patients received safe and appropriate treatment and showed the clinic achieved an overall compliance rate of 96%.

Effective staffing

We found staff had the skills, knowledge and experience to deliver safe and effective care and treatment. New staff were issued with a detailed new starter guide telling them about Nuffield Health, their role and induction to their work. They received a comprehensive induction and were provided with opportunities to work alongside existing staff until they felt confident in their work and until they were assessed as competent to work alone. Buddy arrangements were in place to support new staff and help with learning and development. Staff were supported to

complete a variety of training through the organisations training academy. Health and wellbeing physiologists were trained to a Master's degree level in physiology, anatomy, biochemistry and disease management and undertook rigorous assessments observed by the clinic manager and regional clinical lead before they were deemed able to carry out patient assessments without supervision.

Learning needs were discussed at appointment and on an on-going basis in one-to-one meetings, performance development reviews and in self reflections. The provider had a central training team to monitor staff training to ensure training was current and staff had access to the relevant training for their role. Clinical training was overseen by the regional clinical leads. Staff told us they received a set number of paid study days each year in addition to an allowance to complete the requirements of their continuing professional development and told us they were provided with excellent training opportunities and career progression within the organisation. The clinic manager told us they had enrolled on a precision nutritional coaching course to provide them with the knowledge, systems and tools to understand how nutrition influences a person's health and fitness.

We saw staff had access to a range of policies for undertaking screening tests to assist them in their work. Staff told us they felt well supported in their work and received regular one-to-one meetings, team meetings and personal development reviews to discuss their personal development and learning needs. Reviews and appraisals of the doctor were undertaken by a regional clinical lead. We were told any abnormal results, concerns, conduct and performance were monitored monthly with reports shared with the medical director.

Coordinating patient care and information sharing

There were processes in place for the onward referral to a patients' GP or consultant with the consent of the patient in line with legislation and guidance as part of this process. This ensured the patient achieved the appropriate onward care. Staff we spoke with knew how to make an urgent referral when needed and had access to protocols to assist them with the process ensuring patients achieved the appropriate onward care. Staff shared a recent example of how a patient was referred to A&E to seek an x-ray following information they had shared with the physiotherapist in relation to an injury.

Are services effective?

(for example, treatment is effective)

There was a pathology laboratory available within the clinic with processes in place to ensure all test results were received and reviewed with patients during their assessments and recorded on the patient record. Test results were reviewed by the doctor and any follow up action taken when necessary.

Supporting patients to live healthier lives

The ethos of the provider was to help people live healthily, get better and stay well. The clinic provided patients with a choice of health assessments focused on preventative health and supporting patients to live healthier lives.

Assessments had been devised to provide a comprehensive picture of an individual's health, covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing. Information about the range of assessments available were detailed on the provider website and in paper format held at the clinic.

Following the assessment, patients were provided with a detailed report covering the findings of their assessment and recommendations for how to improve their general health and reduce the risk of ill health. We were told that following consent patients were referred to other health services available privately or through the NHS if additional tests were considered appropriate. The centre hosted free quarterly 'Meet Our Expert' (MOE) health promotion events which were available to both centre members and non-members to help educate people on a variety of health topics. These included sleep, anxiety and depression workshops run by the clinical, hospital or fitness teams. We saw information was also available on the provider website

to promote healthy lifestyles and health education. We were told young people receiving treatment from a well-known children's hospital in London could use the club facilities at no charge to support them in their recovery.

In the most recent customer satisfaction survey published in May 2018, 87% of patients indicated they would be making changes to their wellbeing as a result of their health assessment. One hundred percent of patients who had completed the survey indicated that as a result of their physiotherapy treatment they could better understand their condition and knew what to do to help reduce reoccurrence and/or manage their symptoms. The same percentage of patients indicated they were provided with exercises and instructions to manage their condition.

Consent to care and treatment

Staff received mental capacity training as part of their induction and on-going training. Staff sought patients' consent to care and treatment in line with legislation and guidance and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff were aware of the new General Data Protection Regulation (GDPR) and were handling patients' personal data in line with the regulation.

The clinic did not provide services to children. Patient identities were checked before information, to include test results, were disclosed to them.

Are services caring?

Our findings

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

Kindness, respect and compassion

We received very positive feedback from patients about the professionalism of the reception and clinic staff. Patients told us that staff were professional in their work, kind, courteous and helpful and treated them with dignity and respect. This was also reflected in the feedback the service had gained through their customer satisfaction record. Patients were offered an opportunity to provide specific feedback on their health assessment, physiotherapy service, the clinic and the staff specifically involved in their care. Results showed patients found staff friendly, professional in their manner and said that their dignity was respected during examinations. Patients also felt that their experience was made personal to them.

Staff received essential training in areas that included equality, diversity and inclusion and consent to examination or treatment. New staff were issued with a comprehensive new starter guide detailing the organisation's ways of working, core values and behaviours. Staff were aware of and worked in line with the organisations core values.

Involvement in decisions about care and treatment

Patients were fully involved in their health assessment and their test results were discussed with them during their assessment and followed up in a written personalised report usually within two weeks of their appointment. Where any serious issues were identified, the patient was called prior to receiving their report. Patients could book a follow up appointment to review their progress and ensure they received any additional support in improving their health. If any referrals were considered in the patient's best interests, for example to the GP or other services, this was

discussed and consent of the patient was obtained prior to referrals being made. Feedback from patients in completed CQC comment cards showed they felt involved in their health assessment or physiotherapy treatment and that everything was fully explained to them. This was also reflected in the most recently published customer satisfaction survey. For example, the results for May 2018 showed 100% of patients receiving physiotherapy treatment said the physiotherapist clearly explained the treatment options to them and as a result of the treatment they received, they had a better understanding of their condition and what they needed to do to help reduce reoccurrence and manage their symptoms.

Privacy and Dignity

Assessment and treatment rooms were located away from the main waiting area. We saw doors were closed during consultations and treatment and occupied signage was displayed on doors. Privacy curtains were provided in consulting rooms to maintain patients' privacy and dignity during their examinations, investigations and treatments. As a result of a peer review audit, a privacy curtain had also been installed in a room used for exercise consultations.

Patients told us staff respected their privacy and dignity. This was also reflected in the customer satisfaction survey results published in May 2018. The survey showed 99% of patients felt their dignity was respected during their health assessment. Survey results for the previous 12 months also reflected a high achievement in this area with patients rating this element between 91% to 99%. Staff we spoke with understood the importance of promoting patients' dignity and respect and their responsibilities with compliance with the Data Protection Act 1998. Patient confidential medical records were held electronically and IT systems were password protected. We saw patients had access to a privacy policy online detailing how their personal data was used, protected and respected.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The facilities and premises were appropriate for the services provided. Automatic opening doors were fitted to aid access to the building. The health clinic was located on a first floor within a purpose-built fitness and wellbeing centre. A passenger lift was available for patients with a physical disability or a mobility difficulty.

Translation services had been sourced and were due to be commissioned shortly. A hearing loop was not available however, we were advised the provider was considering sourcing these nationally. Health assessment reports were available in a range of formats to include paper, electronic and large print on request. Reports in braille format were due to be available shortly.

The provider had a central health assessment booking team who ensured patients were offered an appropriate appointment and were provided with their preferred gender of clinician at a clinic to suit their geographical needs.

We saw patients had access to a range of health assessments that could be adapted to suit their needs covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing. Information about the options available and costs were clearly detailed on the provider website, in leaflets available within the clinic and discussed at the time of making an appointment. The clinic had its own laboratory on site providing same day pathology results, therefore patients were able to receive their results during their assessments.

During consultations patients were provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices. We saw additional information on various health topics was also available on the provider website for patients to access at their own convenience. For example, information on lifestyle management, weight loss, emotional wellbeing, back, neck, heart and lung issues.

The clinic worked with other team members to help deliver tailored care pathways. For example, physiotherapy and gym referrals were offered following a health assessment.

The physiotherapist also worked closely with the personal trainers in the centre gym to help tailor exercise programmes to help patients with addressing specific issues.

Timely access to the service

The clinic was open Monday to Friday and until 8pm on a Tuesday and Wednesday to accommodate working patients and was open to both members and non-members of the Centre.

Health assessments were available four days a week and physiotherapy three days per week. Appointments could be booked over the telephone through a central booking team, in person and online. Patients were provided with a choice of time and day based on the availability of a clinician on site when booking their appointment.

The most recent customer satisfaction survey results published for May 2018 indicated that patients were happy with access to the service. The report showed 95% of patients requiring a health assessment indicated they were offered an appointment time which was suitable for them and 91% of patients booking a physiotherapy appointment. Most patients who had completed the survey ranked the service positively with regards to their telephone call being answered in a timely manner and being offered a suitable appointment time by the central booking team.

Listening and learning from concerns and complaints

The service aimed to meet the expectations of patients and acknowledged any complaint within a set timescale. The registered manager was the designated person for dealing with general complaints in the first instance. Any clinical complaints were investigated by the clinic manager with the support from regional clinical leads and the medical director where necessary. If patients were not satisfied with the registered manager's response they were provided with details of how to contact the central complaints team. We saw the provider had a three-stage process for managing formal complaints this included local resolution, organisational review and independent external adjudication should a patient not be happy with how their complaint has been managed.

Are services responsive to people's needs?

(for example, to feedback?)

Details of each stage were documented in complaint leaflet in addition to the contact details of external agencies to include the CQC. We saw patients had access to leaflets in the waiting area detailing the complaints procedure in addition to an easy to read complaints flow chart.

The registered manager told us they had not received any formal complaints within the last 12 months, however they had received eight adverse comments through customer satisfaction surveys. They advised these were successfully dealt with at local level by the clinic manager. We discussed

these and saw there was an effective system in place which ensured there was a clear response to complainants. We saw complaints was a standing agenda item at staff meetings held. The outcome of satisfaction feedback results was disseminated to staff during meetings held to aid learning. Staff we spoke with were familiar with the complaints process. The registered manager told us informal concerns were acted upon immediately and quickly resolved. However, these were not recorded to help identify any common trends or themes.

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 safe care in accordance with the relevant regulations.

Leadership capacity and capability

The service is part of the Nuffield Health UK health organisation, a trading charity which is managed by a Board of Governors, who are both directors of the company and the trustees of the not-for-profit organisation. The board was responsible for setting strategy, monitoring performance, overseeing risk and setting values.

There was a clear leadership structure in place. The registered manager had overall accountability for the services provided within the centre and worked in partnership with the clinic manager who was responsible for the day to day running of the clinic. Staff we spoke with shared positive experiences of working for the provider and felt supported and valued by the management team locally and nationally. They demonstrated a good understanding of their role and responsibilities. Staff told us that an open-door management policy was promoted at all levels and that managers were approachable and always took the time to listen to them. We saw staff were appropriately trained and suitably experienced to meet their responsibilities.

Vision and strategy

The provider had a clear vision supported by a comprehensive set of values and behaviours that were developed and shared with staff at all levels across the organisation and detailed in a staff handbook. The values framework included being connected and working together as pioneers of unique personalised healthcare. Aspirational, inspiring individual and collective health and wellbeing. Responsive, listening and communicating in an open and straightforward way and ethical, balancing customer and patient need with quality outcomes (CARE). Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them and delivering person centred care.

Culture

Feedback gained in CQC comment cards, customer satisfaction surveys and from staff showed the culture of the service actively encouraged candour, openness and honesty. Staff told us they were encouraged to report

concerns or incidents and were familiar with the process. Records showed staff had received training to enable them to raise concerns freely and anonymously and had access to a policy to support them. Information about this process was also detailed in the new starter staff guide. Staff were also provided with opportunities to provide feedback through the completion of satisfaction surveys and during meetings held. Managers considered channels of communication had improved since the health clinics moved into fitness and wellbeing centres.

Staff we spoke with told us they felt valued and were supported in their work and were provided with good learning and development opportunities. Staff received personal development reviews (PDR) which enabled them to have open discussion with their line manager, review their progress and plan for future development. Staff also received training appropriate to their role in addition to one-to-one meetings, coaching and mentoring. Staff were also provided with opportunities for career development within the organisation.

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

The provider promoted the health and well-being of their staff. Benefits included free gym membership to any of its network of fitness and wellbeing centres, a full health assessment every two years, discounted physiotherapy, health care plans and a funded training package. The clinic manager was also a mental health champion that offered staff support in the workplace.

Governance arrangements

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

Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. We saw staff had access to a range of policies and procedures that governed activity to ensure safety and assured themselves that they were operating as intended. There was a designated health and safety lead within the centre and arrangements were in place to monitor and assess performance, safety and quality across all the providers' services.

Are services well-led?

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

Staff attended a wide range of meetings appropriate to their work. Staff could contribute to meeting agendas. Meetings held were recorded and shared with staff. The clinic manager attended monthly meetings with the registered manager and head of department. Records of these meetings showed that discussions were aligned to the CQC's five key questions in relation to whether the clinic was providing safe, effective, caring, responsive and well-led services. Areas discussed included any actions identified in relation to internal and external audits, complaints, safety alerts, incidents, staff vacancies, appointments, adherence to policies and feedback from satisfaction surveys.

Managing risks, issues and performance

The provider had effective systems in place for monitoring the quality of the service and managing risk at local and organisation level. There were established systems in place to evaluate potential risks to patients. We saw there were a range of risk assessments which were regularly reviewed and updated and systems to manage external safety alerts, incidents, complaints and staffing levels and performance. A site risk assessment audit had recently been undertaken. Areas reviewed included management and leadership, training and awareness, physical security, classification and control of documents, access to IT systems, incident management and business continuity. A site health and safety risk assessment had been undertaken in May 2018. An overall rating of 83% was achieved and an action plan had been completed to address the identified shortfalls.

There was continuous monitoring of key performance indicators to measure and monitor the performance of the service and these were reported monthly to the Board.

Appropriate and accurate information

There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The provider had achieved and adhered to ISO 9001 quality standards for their IT based medical records. Patient assessments were held electronically and IT systems were password protected and systems were regularly backed up by a designated IT team. We saw patients had access to a privacy policy online detailing how their personal data was used, protected and respected

Engagement with patients, the public, staff and external partners

Arrangements were in place for gaining feedback from patients using the service and staff. Customer satisfaction surveys were distributed to patients following their consultations. Results were accumulated, reported each month, shared and available for staff, patients and visitors to see. The most recent published results for May 2018, showed that patients scored their overall experience positively and would recommend the service. We saw patients were actively encouraged to leave feedback about their experiences and the service they received. There was a suggestions box available in the waiting room and satisfaction surveys were distributed to patients following their health assessment or physiotherapy. Results were collated and shared with staff and action was taken if feedback indicated that the quality of the service could be improved. For example, a number of patients had provided feedback concerning uncomfortable clinic room temperatures. As a result, new air conditioning units had been approved. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys.

Continuous improvement and innovation

There were effective systems and processes for learning, continuous improvement and innovation. We saw there was a focus on continuous learning and improvement at all levels within the service.

The provider made use of internal reviews of audits, incidents and patient feedback and consistently sought ways to improve the service. Staff were encouraged to identify opportunities to improve the service through meetings, appraisals and open discussions.

Managers were aware of the strengths of the service and areas for future development. For example, they considered the physiology role epitomises the holistic approach to health. They acknowledged the constraints and challenges of working in an old building in need of an upgrade. The health record and dictation system was outdated and not easy to use, therefore this had been recently replaced. Following initial issues improvements were being seen with the new system.

The clinic had appointed a mental health champion to support colleagues mental wellbeing in their work.

Are services well-led?

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

The service offered a scheme called 'Recovery Plus' in conjunction with any Nuffield Hospital. Patients who needed rehabilitation following hospital treatment were referred to a Recovery Plus Advisor at the centre. Advisors received additional training from the physio team to enable

them to develop personal recovery programmes. These patients were also provided with a limited free membership at the centre and their progress monitored at set timescales and programmes adjusted where required.