

Nuffield Health

Nuffield Health Wellbeing Centre Nottingham

Inspection report

Plains Road
Mapperley
Nottingham
NG3 5RH
Tel: 0115 967 5040
Website: www.nuffieldhealth.com

Date of inspection visit: 6 April 2018
Date of publication: 27/06/2018

Overall summary

We carried out an announced comprehensive inspection on 6 April 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Nuffield Health Wellbeing Centre Nottingham provides health assessments that include a range of screening processes. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. In addition to the GP, there is a general manager, a clinic manager, four physiotherapists and two physiology staff supporting the health assessment service.

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

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the

Summary of findings

services it provides. There are some exemptions from regulation by CQC, which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Nuffield Health Wellbeing Centre Nottingham, services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Nuffield Health Wellbeing Centre Nottingham we were only able to inspect the services, which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

The provider, which is Nuffield Health, is registered with the Care Quality Commission to provide services at Plains Road, Mapperley Nottingham NG3 5RH. The purpose built health and fitness facility has been used to provide services to patients since 2008.

We received 12 comment cards in the lead up to the inspection, the patients responses were entirely positive about their experiences at the service. Feedback on their care and treatment described the care received as being very professional, efficient and caring, as well as praising the time spent giving explanations and how informative the staff were.

Our key findings were:

- The clinic had a policy in place with clearly defined systems and processes in place to keep patients safe and safeguarded from abuse.
- The way in which care was delivered was reviewed to ensure it was delivered according to evidence- based guidelines and staff were well supported to update their knowledge through training.
- The service worked closely with local charities to help raise funds and awareness, for example Muted (Mental Health Charity) and Women's Aid.
- We saw patients were treated with kindness and professionalism and patient feedback supported this.
- Patient feedback for the services offered was consistently positive and scored highly against the providers' average.
- The centre enjoyed strong links with the community, working in partnership with local schools and cooperate businesses to promote healthy lifestyles and wellbeing.
- Staff told us there was an open and inclusive culture of management and felt their views were listened to.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There was an overarching provider vision and strategy and there was evidence of good local leadership within the service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 clinic had a policy in place with clearly defined systems and processes in place to keep patients safe and safeguarded from abuse.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again. These changes were also implemented across all services to reduce the risk at all sites.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff who acted as a chaperone were trained to carry out this role and had a DBS check in place.

Are services effective?

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

- The GP was aware of current evidence based guidance.
- Audits were completed to improve quality and review the care delivered to patients.
- Staff had the skills and knowledge to deliver effective care and treatment.
- All staff had appraisals with personal development plans and there was support available to develop their skills and understanding.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and seek feedback using a survey handed to all patients after their appointment, in addition to annual surveys.
- The service worked closely with local charities to help raise funds and awareness, for example Muted (Mental Health Charity) and Women's Aid.
- We saw several examples of patients having received support above what was expected, with clinical involvement to the benefit of fitness members in a holistic approach to their improved fitness and health, overseen by the whole team.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

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

- Patient feedback indicated they found it easy to make an appointment, with 92% of patients stating the appointment offered was at a suitable time.
- The service understood its patient profile, and had used this understanding to meet the needs of service users.

Summary of findings

- Costs were clearly laid out and explained in detail before assessments or treatment commenced.
 - The centre enjoyed strong links with the community, working in partnership with local schools and cooperate businesses to promote healthy lifestyles and wellbeing.
 - Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.
 - The service had good facilities and was well equipped to treat patients and meet their needs.
-

Are services well-led?

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

- There was an overarching vision and strategy and there was evidence of good local leadership within the service.
 - The service was performance driven and this was used to improve the experience of patients, and wellbeing of staff.
 - Staff are also empowered to look after their health and wellbeing with free access to the gym network, and an annual health assessment.
 - There were systems and processes in place to govern activities.
 - Risks were assessed and managed.
 - There was an open culture, which fostered improvement.
-

Nuffield Health Wellbeing Centre Nottingham

Detailed findings

Background to this inspection

The following inspection was carried out on 6 April 2018. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor. Prior to the inspection, we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the Registered Manager and GP, clinic manager and staff.
- Reviewed the personal care or treatment records of patients.
- Reviewed 12 CQC comment cards where patients and members of the public share their views and experiences of the service.

- Reviewed patient feedback from patient surveys and online comments received.
- Observed how patients were greeted.
- Reviewed documents and systems.

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

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

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

Are services safe?

Our findings

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

Safety systems and processes

- There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role (for example the lead had level three safeguarding) and all staff understood their responsibilities. Safeguarding procedures were documented, guidance was kept up to date with local contract numbers and staff were aware of the practice lead.
- There were two male and three female chaperones available and notices were in the waiting room and consultation rooms. Chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check in line with the provider's policy for all staff. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were effective recruitment procedures which ensured checks were carried out on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body.
- We observed the clinic to be clean and there were arrangements to prevent and control the spread of infections. The practice had a variety of other risk assessments and procedures in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Equipment was monitored and maintained to ensure it was safe and fit for use.

Risks to patients

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

- There were effective systems in place to manage referrals and test results. Although only one GP worked at the clinic, in their absence, there was a virtual network within Nuffield Health who monitored results and actioned them.
- Although there were some blood tests which could be done on site, testing which was required to be done off site was couriered to a laboratory daily.
- Risks to patients (such as fire) had been assessed and actions taken to manage the risks identified.
- There were arrangements in place to respond to emergencies and major incidents.
- There was oxygen, a defibrillator, and a supply of emergency medicines. A risk assessment had been carried out to determine which emergency medicines to stock. All were checked by the clinic through regular weekly checks of expiry dates to make sure they would be effective when required.
- There was a business continuity plan for major incidents such as power failure or building damage. This contained emergency contact details for suppliers and staff.

Information to deliver safe care and treatment

- There was an electronic booking and care record system, which had safeguards to ensure that patient information was held securely.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included investigation and test results.
- There was a system in place to check the identity of patients.

Safe and appropriate use of medicines

- From the evidence seen, the GP prescribed and gave advice on medicines in line with legal requirements and current national guidance.
- A majority of patients attended for health assessments, they were referred to consultants or their NHS GP for follow up as appropriate. The service did not prescribe high-risk medicines.
- Prescriptions were printed on site and patients were able to take to their pharmacy of choice to be fulfilled.
- Medicines stocked on the premises were stored appropriately and monitored.

Track record on safety

Are services safe?

- There was an effective system in place to report, share, investigate and record incidents. Staff were encouraged to report any concerns and complaints as significant events and complete a form to initiate an investigation so all learning and changes could be applied. The provider shared changes across all sites and incidents were logged centrally to facilitate this.
- In the previous twelve months there had been no significant events logged. However, we saw from historic incidents that there had been a thorough investigation and learning applied. We also saw that changes had been implemented as a result of incidents occurring at other sites, these had been cascaded through the team and new policies read and signed digitally.
- Staff were aware of how to raise a significant event and the registered manager was the designated lead who worked collaboratively with all staff and reviewed significant events at minuted team meetings.
- We saw that when an incident affected a patient, they received updates and responses in a timely manner and we saw evidence that during investigations duty of candour had been applied.

- There was a notice board in the waiting room where updates and changes could be communicated to patients.
- A system was in place for the GP to receive safety alerts from organisations, such as the Medicines and Healthcare Products Regulatory Agency (MHRA), to enable alerts to be received and we saw evidence that the necessary action had been taken.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- We saw that the service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

We found the practice was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

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

Monitoring care and treatment

The GP had conducted audits in some areas, and we saw evidence of both first cycle audits and completed audit cycles. For example, an audit had been undertaken reviewing the number of referrals made following an abnormal electrocardiogram, (An electrocardiogram looks at your heart's rate, rhythm and electrical activity) and the results showed that the outcome of the referral was appropriate.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the GP had attended an update course with the provider to ensure they worked to best practice guidance and could demonstrate how they stayed up to date.

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with ongoing support. This included a two-week induction process, one-to-one meetings, appraisals, coaching, and mentoring.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

- Patients attended the clinic for health assessments patients were asked if they were registered with an NHS GP and whether their GP could be contacted. If patients agreed, we were told that a letter was sent to their registered GP. The GP was aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk).
- Where patients required a referral (for diagnostic tests or review by a secondary care clinician) this was generally arranged directly through a private provider or the local NHS trust.
- We saw evidence the GP regularly reviewed test results received within one working day. Referrals to secondary care could be made on the same day as a health assessment.

Supporting patients to live healthier lives

- The service supported patients to live healthier lives by providing a joined up approach to GP led health assessments, in conjunction with physiotherapy and physiologists, with the resource of a fitness and wellbeing gym in the same building.
- The service also promoted healthy living such as smoking cessation and weight management by the use of leaflets and information in the waiting room and during consultations.

Consent to care and treatment

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All clinical staff had received training on the Mental Capacity Act 2005.
- For patients whose costs were not being paid by their employer, costs were clearly laid out and explained in detail before assessments and treatment commenced.

Are services caring?

Our findings

Kindness, respect and compassion

- We observed that members of staff went out of their way to help patients, were courteous and treated people with dignity and respect.
- All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 12 completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was of high quality and attentive in a very clean environment. Cards also stated that staff made them feel relaxed and comfortable were caring, professional, and treated them with dignity and respect.
- Annual surveys were conducted across all of the providers' locations and outcomes monitored. The results showed year on year improvements and were above the providers average results in a majority of questions. For example:
 - 96% of patients felt clinical staff were friendly and approachable
 - 90% of patients would recommend a health assessment to family, friends or colleagues.
 - 97% of patients found the doctor was always professional in their manner.
- Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

- We saw several situations where staff had gone the extra mile to help patients. For example, at the time when a patient was disillusioned with their exercise program and had decided to leave the gym, the clinic became involved and, following a consultation and physiotherapist involvement, they returned to the gym to significantly improve their health and lose weight.
- The service worked closely with local charities to help raise funds and awareness, for example Muted (Mental Health Charity) and Women's Aid.

Involvement in decisions about care and treatment

- Feedback from the service's own post consultation survey indicated that staff listened to patients concerns and involved them in decisions made about their care and treatment.
- 96% of patients felt the doctor was knowledgeable and information about clinical issues.
- The service used a number of means to communicate with patients who did not speak English as their first language, which included access to a telephone translation service and face-to-face translators when required.
- There was a hearing loop and reception staff could support patients in its use.

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

- The service was designed to offer efficient access to health assessments and other services within the clinic such as physiotherapy.
- Staff members had received training in equality and diversity. Consultations were available to anyone in the area.
- How visits were available and allocated depending on availability but we saw that staff would always accommodate appointments to meet patients' requests where possible.
- Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.
- The facilities and premises were appropriate for the services delivered. The clinic was based on the ground floor of the centre and there was adequate disabled access.
- The centre enjoyed strong links with the community, working in partnership with local schools and cooperate businesses to promote healthy lifestyles and wellbeing.

Timely access to the service

- Consulting hours were 9am to 6pm Monday to Friday.
- Same day appointments were available depending on demand.
- Patients could book by telephone or e-mail or through the online portal.
- Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

- The provider encouraged and sought patient feedback. Annual patient surveys were conducted and results compared to previous years. Results were reviewed and areas for improvement and trends utilised to develop the service.
- Information on how to complain was available in the waiting room and on the provider's website. There had been one complaint in the past 12 months. We saw evidence it was handled in accordance with the published process, and the final responses included details of the procedure if the complainant was dissatisfied with the outcome.
- There was evidence of improvement in response to complaints and feedback, including training for staff, and updated policies. Staff received information about complaints at practice meetings.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

The registered manager (who was the general manager) in conjunction with the clinic manager had the capacity and skills to deliver high quality, sustainable care.

- The team had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of clinic. They understood the challenges and were addressing them.
- Both the registered manager and clinic manager was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership. The provider also delivered effective leadership and support remotely for the GP and clinic team.

Vision and strategy

The service had a clear vision and credible strategy to provide high quality care to all patients and ensure quality and excellence are standard in the delivery of both treatment and patient care.

- There was a clear vision and set of values in place. The service had a realistic strategy and a comprehensive business plans to achieve priorities.
- Staff were aware of and understood the vision and values and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of maintaining fitness and good health in a high-quality way.

- Staff we spoke to said they felt respected, supported and valued.
- The service focused on the needs of patients.
- Staff are also empowered to look after their health and wellbeing with free access to the gym network, and an annual health assessment.

- The registered manager acted on behaviour and performance inconsistent with the vision and values, and developed and supported staff to deliver them appropriately.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The sharing of outcomes across all services ensured changes were maximised and all patients benefited. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were encouraged to raise concerns and felt they would be addressed.
- There were processes for providing all staff with the development they needed both locally and nationally. This included appraisal and career development conversations. All staff had received annual appraisals in the last year.
- All staff were considered valued members of the clinic team. They were given protected time for professional development.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between the clinic staff as well as within the fitness and wellbeing centre. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

Governance arrangements

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

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

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including

Are services well-led?

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

risks to patient safety. This was driven by the registered manager and clinic manager who implemented changes locally to best practice guidance with the support of staff.

- Regular documented checks were carried out by the registered manager and clinic manager to ensure risk was minimised.
- The clinic had processes to manage current and future performance. The local and national management had oversight of incidents, and complaints.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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 sought and used the views of patients and staff and used feedback to improve the quality of services.

- Both staff and patient feedback was used to improve services.

Continuous improvement and innovation

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

- There was a focus on continuous development of both the quality and scope of the service.
- Staff told us that they were encouraged to consider and implement improvements.
- Incidents and feedback, including complaints, were used to make improvements. There was evidence of learning being shared from the service.
- There was the opportunity in the future to add full GP services within the clinic as there is at some other centres.