

Nuffield Health

# Nuffield Health Warwick Fitness and Wellbeing Centre

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 27 March 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 Warwick 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.

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

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.

# Summary of findings

Health assessments and physiotherapy are delivered in a purpose built clinic located in the health and wellbeing centre. There are two doctors, two physiology staff and three physiotherapists who work at the centre. Patients can choose to see a female or male staff member when booking in for health assessments and physiotherapy. 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, for patients wanting to reduce health risks.
- A female assessment, for all aspects of female health.
- A 360 health assessment which includes a review of diabetes and heart health risks.
- A 360+ health assessment which focussed on cardiovascular health.
- Bespoke health assessments were also available for areas such as cancer and weight management.

We received 13 completed CQC comment cards. Completed cards indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional. Some patients commented how the service and staff were excellent and how they had helped them with their individual care needs. In addition, comment cards described the environment as welcoming, clean and tidy.

## Our key findings were:

- The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded them from abuse.
- 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.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way. There was evidence to demonstrate that the service operated a safe, effective and timely referral process.
- 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.
- 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.
- There were consistently high levels of constructive staff engagement and there were high levels of staff satisfaction rates. During our inspection staff expressed pride in working for the organisation.
- There was evidence of continuous quality improvement across various areas such as key performance indicator KPI monitoring, adherence to regulatory and best practice standards and quality audits.
- The process for seeking consent was monitored through patient records audits. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect. In addition, results of the services 2017 customer satisfaction survey highlighted positive satisfaction rates with regards to the service provided.

# 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.
- 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.
- We observed the premises to be visibly clean and tidy. There were adequate arrangements in place for the management of infection prevention and control, as well as effective arrangements in place to respond to emergencies and major incidents.
- 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.
- There was evidence of shared learning across organisation as a result of significant events, regulatory inspections and through dissemination of safety alerts and guidelines.

### Are services effective?

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

- Conversations with staff and supporting evidence provided as part of our inspection 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.
- 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 was evidence of quality improvement and we saw examples of audits which were used to drive service improvement. Key performance indicators were in place for monitoring various aspects of quality including report turnaround times for patients, timeliness of pathology results and patient satisfaction rates.
- We saw evidence to demonstrate that the service operated a safe, effective and timely referral process. Onward referrals resulted in a letter back to the doctor; we also saw that patient consent was sought in line with legislation and guidance as part of this process.
- The process for seeking consent was monitored through patient records audits and we saw evidence of this during our inspection. Staff understood the relevant consented decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

### Are services caring?

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

- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centred approach to their work. In addition, completed CQC comment cards were very positive and indicated that patients were treated with kindness and respect.

# Summary of findings

- Results of the services 2017 customer satisfaction survey highlighted positive satisfaction rates with regards to the service provided.
- 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.
- 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?

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

- The premises were suitable for the service provided. There were facilities in place for people with disabilities and for people with mobility difficulties. There were also translation services available.
- Appointments could be booked over the telephone, face to face and online. In addition, patients could choose from a selection of the other Health and Wellbeing Centres to suit their geographical needs.
- 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.
- Results of the services latest customer satisfaction survey indicated that 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.
- The service had a complaints policy in place and information about how to make a complaint was available for patients. We saw that complaints were appropriately investigated and responded to in a timely manner.

## Are services well-led?

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

- The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities.
- The organisation invested in staff and they were continuously encouraged to partake in different training opportunities linked to their roles, responsibilities and professional development goals.
- There were consistently high levels of constructive staff engagement and there were high levels of staff satisfaction rates. During our inspection staff expressed pride in working for the organisation.
- Governance arrangements were actively reviewed and reflected best practice. Systems were in place to ensure that all patient information was stored and kept confidential.
- 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.
- There was a focus on continuous learning and improvement at all levels within the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys.

# Nuffield Health Warwick Fitness and Wellbeing Centre

## Detailed findings

### Background to this inspection

We inspected Nuffield Health Warwick Fitness and Wellbeing Centre on 27 March 2018. The inspection team included a Lead inspector and GP Specialist Advisor.

Warwick Health & Wellbeing Centre provides health and wellbeing, screening and physiotherapy services to people aged 18 years and over from a purpose built facility which includes a full fitness suite, swimming pools and other sports facilities.

At the time of our inspection, the Centre had a total adult membership of 3,700 and was open from 6.30am to 10.30pm from Monday to Friday and from 8am to 6.30pm at the weekend. Health assessments were available from 8am to 4.30pm Monday to Friday and physiotherapy was available from 7am to 8.30pm Monday to Friday.

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
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service

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

The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded them from abuse. We saw safeguarding policies and flow charts on display 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. Staff we spoke with demonstrated they understood their safeguarding responsibilities.

The provider operated safe and effective recruitment procedures to ensure staff were suitable for their role. We saw monitoring systems in place support that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies 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. We also saw some supporting records in place during our inspection to support this; these records also included a medical questionnaire and a check of staff immunity status.

Information was in place to advise patients that a chaperone service was available if required. The physiologists and the duty manager were trained to chaperone when needed. We saw that DBS checks were in place for all members of staff including those who chaperoned.

Conversations with management during our inspection indicated that the service rarely used locum doctors, as doctors were also available within the organisation from other locations if needed. However if required, locums were sourced through a locum agency. We saw that the service had a contract in place for this arrangement and that any locum sourced through the agency received appropriate recruitment checks prior to working at the

service. Locums were also required to complete induction training as well as ongoing training whilst working at the service. This was monitored through the services quality assurance process.

We observed the premises to be visibly clean and tidy and we saw that cleaning specifications were in place and records were kept to support 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. We saw calibration records to ensure that clinical equipment was checked and working.

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. Clinical staff were supported to partake in an annual supervision programme which included observation sessions by the regional clinical lead, part of the observation process included observing infection control practices and hand washing techniques.

### Risks to patients

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The service had a dedicated capacity management team which managed the rota system within their 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. A central capacity management team determined appropriate staffing levels.

There were adequate arrangements in place to respond to emergencies and major incidents. During our inspection we saw that the service had two defibrillators 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. 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 to support this. Staff received annual basic life support training. There were also first aid kits and an accident book in place. Alarms were available in all clinical rooms to summon assistance in the event of an emergency.

# Are services safe?

A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and instructions for paper based protocols in the event of an IT incident.

There was a health and safety policy in place and a range of risk assessments relating to the premises, risk of fire and risks associated with infection control. We saw that 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. Staff received regular training updates on health and safety; the organisation had an overarching health and safety team, as well as a health and safety lead based at each site so that staff knew who to go to with a health and safety concern. Staff who performed venepuncture (for blood tests) were aware of action to take in the event of a sharps injury.

## **Information to deliver safe care and treatment**

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.

National safety alerts were disseminated by the regional clinical leads. 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.

We saw examples of alerts received and acted on including medical device alerts in relation to defibrillator batteries and an alert relating to specific oxygen ventilators. Records indicated that staff checked their emergency equipment in response to the alerts and although their equipment was not affected, a record was made to demonstrate that the

necessary equipment checks had been carried out. In addition to this system, the service also communicated alerts through the organisations newsletter and the intranet. Staff were also aware of when an urgent referral based on clinical findings may be necessary.

## **Safe and appropriate use of medicines**

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.

## **Track record on safety**

A system was in place for recording, reporting and investigating serious events. Although there had been no serious events recorded over the past 12 months, staff we spoke with told us they would feel confident to raise any events or concerns.

A system was in place for reporting general incidents through the organisation's quality assurance process. We saw that 10 incidents had been logged during the past 12 months and that thorough investigation and action was taken to prevent recurrence. We saw that lessons learnt were also shared through formal meetings, newsletters and during staff one to ones where relevant.

## **Lessons learned and improvements made**

The service 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. Staff told us the provider encouraged a culture of openness and honesty and that they would feel confident to report incidents or concerns.

In addition, there was evidence of shared learning from services in the wider organisation whereby significant events, changes to clinical guidelines and results from regulatory inspections were reflected on through the corporate newsletter.



# 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

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.

In addition to formal meetings, the service newsletter was used to refresh staff on specific guidelines; including guidelines set by the National Institute of Clinical Excellence (NICE). Staff we spoke with during our inspection gave examples of how they used this to refresh on guidelines.

### Monitoring care and treatment

The service operated a range of systems to monitor and assess the quality of the service and the care and treatment provided to patients, for example:

- Key performance indicators were in place for monitoring various aspects of quality including report turnaround times for patients, timeliness of pathology results and patient satisfaction rates.
- The service also monitored adherence to best practice infection control standards, maintenance of staff recruitment records and staff training; this helped to ensure that recruitment standards and training needs were effectively managed as part of a continuous monitoring process.
- These 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. We viewed scorecard reports during our inspection and found that the service was meeting standards in many areas.

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 meeting essential standards across a variety of areas. These included checks to ensure that rooms promoted privacy and dignity for patients, appropriate chaperoning arrangements were in place and that health and safety was well managed. In addition, we saw that records were audited as part of this process to ensure appropriateness of referrals and evidence of outcomes as a result.

Action plans were produced as a result of the audit process. We saw evidence of actions completed which included improving patient access to information on complaints and chaperoning.

In addition to internal audits we saw that doctors completed personal audits as part of the appraisal process.

### Effective staffing

In addition to the services comprehensive induction programme, staff were supported by the organisation to complete a variety of internal, external and accredited training courses. Conversations with staff and supporting evidence provided as part of our inspection indicated that

the service operated a strong training and education programme. 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, for example:

- During our inspection staff explained how they were encouraged to partake in training provided through the organisations training academy, this covered mandatory training as well as continuous professional development training modules. We saw some certificates to support completed training during our inspection, as well as a comprehensive training system comprising of training resources, online modules and quality monitoring systems to monitor training needs. Examples of training included physiologist training on areas such as hypertension, obesity, clinical governance and auditing.
- The organisation had allocated training budgets in place to ensure that staff training and education remained a priority. The organisation funded training for all physiologists recruited by the service, this enabled them to work towards a BTEC Level Masters Diploma and Health and Wellbeing. There was a comprehensive



# Are services effective?

## (for example, treatment is effective)

induction and four week initial training programme for the physiologist staff. This was followed by a period of shadowing experienced staff until competence to work alone was attained. Staff were able to describe clear policies for screening tests such as spirometry and could give examples of factors that may mean the test was not safe to perform. Clinical training was governed by the services regional clinical leads. Doctors were also provided with five paid study days each year.

- Staff performance was well monitored and there was a performance monitoring system available on the services intranet system so that managers and staff had input and oversight of this. Staff received regular one to ones and annual appraisals. Clinic managers also had a monthly review and we saw comprehensive reports in place to demonstrate this.
- Doctors were up to date with their appraisals and the service had an online toolkit for doctors to use to collate information as part of the appraisal process. 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.

### **Coordinating patient care and information sharing**

When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP and we saw that patient consent was sought and documented in line with this process. Staff knew how to make an urgent referral when needed. There were protocols in place to support this and we saw anonymised examples to support an effective referral process during our inspection. Onward referrals resulted in a letter back to the doctor; we also saw that patient consent was sought in line with legislation and guidance as part of this process.

The service offered onsite testing for various testing and screening procedures such as FBC tests (full blood count), kidney function, 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 saw that the service had a comprehensive programme of internal and external quality control systems in place to support this service.

There was a process to ensure that all test results were received and reviewed in a timely manner. 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 key performance indicator (KPI) 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.

There was a system for ensuring new evidence-based guidance was incorporated into practice. The Regional Clinical Leads disseminated relevant information on a regular basis, for example new recommendations on treatment of low back pain.

### **Supporting patients to live healthier lives**

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 comprehensive health assessments. The assessments included tailored lifestyle, medical and non-invasive tests.

As a result of an assessment, 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.

The service hosted quarterly 'meet the health expert' events – a health promotion day which was developed to improve awareness and education on a variety of health topics; the promotional days were open to all members of the public.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent was monitored through patient records audits. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Mental capacity training formed part of the services induction and ongoing training

programme. In addition to conversations about care and treatment options, we saw that patients were provided with written information to take away with regards to any care and treatment they were receiving and identities were checked before information was disclosed. There was clear information available with regards to the services provided and the cost of these.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a patient centred approach to their work. We received 13 completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional. Some patients commented how use of the service had helped them with their individual care needs. In addition, comment cards described the environment as welcoming, clean and tidy.

The service gathered patient feedback through customer satisfaction surveys, online feedback, comment slips and by general feedback provided during appointments. Results of the services 2017 customer satisfaction survey (emailed to service users on a monthly rotation) highlighted positive satisfaction rates with regards to the service provided. A total of 1000 service users received a survey, 150 patients completed their surveys; this was a completion rate of 15%. 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:

- The manner of the person making their appointment booking.
- The manner of the physiologist seen and the manner of the doctor seen. In addition, all patients described the physiotherapist seen as friendly and helpful.

- The knowledge of the physiologist, physiotherapist and the doctor with regards to the issues presented by patients.

Additionally, the service emailed each service user a customer satisfaction survey after every health assessment.

### **Involvement in decisions about care and treatment**

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 (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.
- When seeing the physiotherapist, patients highlighted that their treatment options were clearly explained and that they were pleased with the treatment provided.

### **Privacy and Dignity**

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

### Responding to and meeting people's needs

The premises were suitable for the service provided. There were facilities in place for people with disabilities and for people with mobility difficulties. There were also translation services available.

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.

Health assessments could be adapted to suit patient's needs, for instance by focusing on specific areas such as nutrition, reduction of cancer risk and emotional well-being.

The physiotherapist worked closely with the personal trainers in the gym to address problems such as shoulder pain. This ensured that that exercise programmes could be tailored to achieve maximum benefit for clients who might otherwise lapse from exercising.

### Timely access to the service

The centre was open from 6.30am to 10.30pm from Monday to Friday and from 8am to 6.30pm at the weekend. Health assessments were available from 8am to 4.30pm Monday to Friday and physiotherapy was available from 7am to 8.30pm Monday to Friday.

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. In addition, most patients highlighted that they would recommend the service to their family, friends and colleagues.

### Listening and learning from concerns and complaints

There was a lead member of staff for managing complaints and all complaints were reported through the organisation's quality assurance system. The service had a complaints policy in place and information about how to make a complaint was available for patients. The complaints information detailed that complainants could refer their complaint to the Independent Health Care Advisory Service if they were not happy with how their complaint had been managed or with the outcome of their complaint.

Seven complaints had been made during the last 12 months. We saw that these complaints were investigated by the regional clinical lead. Complainants were 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. We saw that staff were supported to attend training to prevent recurrence if a training need or theme was identified as a result of a complaint.

# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability

The service was part of the 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.

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.

Processes were in place to check on the suitability of and capability of staff in all roles. 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 organisation had a comprehensive set of values and behaviours, these were filtered through to staff in various roles at local levels and staff we spoke with demonstrated that they promoted the organisational values through their day to day roles. Values included being responsive aspirational and ethical in order to achieve quality patient outcomes with sustainable results. During our inspection we saw that staff could access the organisations values and behaviours through a corporate handbook.

### Culture

The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care.

Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities. The organisation invested in staff and they were continuously encouraged to partake in different training opportunities linked to their roles, responsibilities and professional development goals.

Staff told us they felt confident to report concerns or incidents and felt they would be supported through this process. There was a whistleblowing policy in place and staff had also been provided with training in whistleblowing.

There were consistently high levels of constructive staff engagement and there were high levels of staff satisfaction rates. 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.

Staff morale was monitored through a scoring system which staff could contribute to each month; this was monitored by management and reflected on during staff meetings so that improvements could be made where needed. A report overview was provided during our inspection and this showed that staff morale was positive. Staff expressed pride in the working for the organisation and in addition, we noted that staff were very complimentary of the management structure during our inspection.

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

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. Staffing structures outlined the leadership and governance responsibilities for various staffing groups including doctors, physiologists, physiotherapists and non-clinical staff members. Staff we spoke with during our inspection were aware of their responsibilities as well as the responsibilities of their colleagues and managers.

There was a range of service specific policies that were available to all staff. 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 bi-monthly meetings for clinic manager's

# Are services well-led?

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

quarterly meetings between the regional clinical leads and weekly meetings with the heads of departments. There were also business meetings, frequent staff meetings and monthly physiotherapy forums. We saw that meetings were governed 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 in place for managing risks, issues and performance; these were effectively filtered through to staff and well embedded at a local level. We saw that formal risk assessments were in place during our inspection; these were regularly reviewed as part of an ongoing risk assessment programme.

The service used a dashboard scorecard system to monitor their performance against key performance indicators (KPIs), best practice standards and effective risk management.

## Appropriate and accurate information

We saw evidence to support that comprehensive assessments took place using clear pathways and protocols during our inspection. Anonymised assessments reviewed during our inspection outlined that individual needs and preferences including up to date medical history were recorded. As well as the purpose of the appointment, assessment details and any onward referral information.

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 data protection protocols in place and staff completed regular training in these areas. Systems were frequently backed up through an off-site server and there was an organisational IT team in place, staff could contact their IT team if needed. Business contingency plans were in place which included minimising the risk of not being able to access or losing patient data. The organisation achieved and adhered to ISO 9001 quality standards for their IT based medical records.

## Engagement with patients, the public, staff and external partners

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. The provider's system for analysing patient feedback provided a breakdown of patient experience of staff in different roles. We noted that the services latest customer satisfaction survey results indicated that patients were mostly happy with the service based on their experiences.

## Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys. We discussed an example of how the pre-assessment questionnaire was amended due to a staff suggestion; this resulted in less repetition for patients when completing the questionnaire.

The service had introduced a scheme called 'Recovery Plus' in conjunction with the local Nuffield Hospital located nearby. Patients who needed rehabilitation following hospital treatment were offered tailored assessments and given three months free membership.

A member of the management team explained that information technology (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 in the early stages of 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 corporate healthcare group.

The service also planned to introduce and develop specific tailored health assessments in the future, for example, for service users with diabetes or those with stress related conditions.