

# Nuffield Health Manchester Printworks Fitness and Wellbeing Centre

## Inspection report

The Printworks  
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Manchester  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection November 2017 no rating given.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Nuffield Health Manchester Printworks Fitness and Wellbeing Centre on 12 June 2019 as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Nuffield Health and Wellbeing centre Manchester Printworks provides a range of therapeutic interventions, for example physiotherapy and lifestyle coaching which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The clinic 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.

All feedback was positive about the care, treatment and facilities provided by the service. We received feedback from 17 patients through CQC comment cards and discussion during the inspection visit. Patients indicated that the consulting rooms and other facilities were clean and tidy; access to the service was easy; the clinicians they met were knowledgeable and able to answer all questions and patients felt involved and well informed about their health choices. Patients indicated the service provided sufficient information about what was available and the potential costs. Patients stated all interactions with staff had been positive and without problems, this included

when making telephone enquiries. Patients indicated they had been treated with kindness and respect during their visit to the service and their privacy was respected. Patients felt the service was professionally run and efficient.

## Our key findings were:

- Processes and systems were in place and understood by staff which would keep people safe from abuse and avoidable harm.
- Processes in place for reporting and learning from incidents were robust, ensuring that lessons were learnt, shared with staff and appropriate changes made to reduce the risk of reoccurrence.
- There were reliable systems in place to protect people from unsafe premises and equipment. There was evidence that findings from safety checks were usually followed up promptly and appropriately however we noted the action planned in response to emergency lighting checks were not documented on the checklist to provide assurance that action had been taken.
- All health care assessments, treatment and advice were based on best practice guidance and the findings of the most appropriate up to date, evidence-based recommendations.
- Staff had the skills, knowledge and experience to carry out their roles effectively. Doctors and physiologists were covered by appropriate medical indemnity insurance.
- Patients were treated with respect and dignity and their privacy was respected and information was provided to ensure patients made informed choices about their care and treatment.
- The provider ensured that the costs of services provided was readily available and explained as appropriate.
- The service had links with the local community, working in partnership with the local schools in the Greater Manchester area to promote healthy lifestyles and wellbeing.
- There were clear and accessible complaints policies and procedures, and complaints were openly investigated and dealt with impartially.
- Leadership and management were well defined and staff knew who to go to for advice and support. A comprehensive major incident plan was in place.

# Overall summary

- Governance arrangements included reviewing and acting on the experiences of people who used the service and reviewing the satisfaction of staff and other stakeholders.
- The registered manager used processes in place to promote effective communication between the local service and the Nuffield Health head office.
- The leadership at Nuffield Printworks was conversant with the providers vision and strategy and ensured this was understood and subscribed to by all staff.

- The registered manager, medical, clinical and estate staff demonstrated integrity, a learning culture and openness at the local level.

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

- Review the systems to prompt the appropriate response to findings from routine premises safety checks.
- Review the risk assessment of the fire door leading out of the clinic into the Gym area.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Nuffield Health Manchester Printworks Fitness and Wellbeing Centre

The provider, which is Nuffield Health, is registered with the Care Quality Commission to provide registered services at 31 hospitals and 30 fitness and wellbeing clubs including Nuffield Health Wellbeing Centre Manchester Printworks, 27 Withy Grove, Greater Manchester, M4 2BS. Only this site was visited as part of this inspection.

Nuffield Health and Wellbeing Centre Manchester Printworks provides health assessments that include a range of screening processes. Following the assessment and screening process people undergo a consultation with a doctor to discuss the findings of the results and any recommended healthy lifestyle changes or treatment plan. In addition to the GP, there is a general manager, a clinic manager, physiology and physiotherapist staff supporting the health assessment service. The clinic is open Monday to Friday, 9am to 5pm for health assessments.

### **How we inspected this service.**

We inspected this service through reviewing policies, documents, reports and systems used to support staff in providing the service; observation of the interactions between staff and patients and between members of staff; interviews with clinical staff and the senior manager. We reviewed information published on social media sites. We toured the premises. The provider also submitted information requested prior to, during and after the site visit.

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?

## We rated safe as Good because:

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including those moving between locations. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Although the service did not treat children there were systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems in place to enable work with other agencies to support patients and protect them from neglect and abuse.
- Staff were aware of the steps needed to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider had introduced an improved health assessment which considered areas of vulnerability, such as risk of self-harm or from domestic violence. Staff were equipped with knowledge to support these patients and were able to make appropriate referrals.
- There were effective systems to manage infection prevention and control.

The most recent Legionella inspection was completed October 2018 and recommendations were made. These recommendations included completing monthly water temperature checks in all areas. These checks had been completed.

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- We noted that emergency lighting had scored 'X' on three consecutive months (March, April, May 2019). On further investigation this was because three lights in the main foyer leading to the gym and clinical rooms did not light up. The delay in fixing this was due to the height of the ceiling. This matter was discussed with the estates officer at the time of the inspection. On checking the lighting, we found there was sufficient emergency lighting to enable people to use the emergency exits.
- The emergency exit from the clinic opens into an area used by the general public. This door was easily opened and was not impeded on the day of inspection. The provider informed us that movable equipment was not used in this room and the estates manager completed a daily safety check to make sure all areas were clear. The estates manager completed a daily safety check to make sure all fire exits were clear; however, this area could become blocked after the initial check. Since the inspection the provider has informed us that additional signage to what was already there has been installed to reduce the risk of items being accidentally left by the general public outside that door.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff moving between locations tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The provider had in place emergency equipment and medicines in line with the Resuscitation Council UK guidelines.

# Are services safe?

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- Indemnity arrangements to cover all potential liabilities was in place. This was because doctors and physiologists had the appropriate professional indemnity cover.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- Only emergency medicines and equipment was kept on the premises and this was checked daily.
- Medicines were not prescribed from this location and no prescriptions were on site.
- There were protocols for verifying the identity of patients. Children were not permitted to use the service.

## Track record on safety and incidents

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

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

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and acted to improve safety in the service. For example, themes were reviewed at a national level and lessons learned through memorandums; local, area and national meetings; newsletters and individual appraisal.
- For example, in response to managing laboratory result and reducing a human factors risk; the process was reiterated locally and an automated daily reminder was set up for all appropriate staff.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal apology which was recorded in the record of investigation.
- They kept written records of verbal interactions as well as written correspondence.
- The service had systems in place for knowing about notifiable safety incidents. The service acted on and learned from external safety events as well as patient and medicines safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

- The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- The clinic offered a range of health assessments, all of which focussed on preventative health, concentrating on current health and wellbeing.
- People attending the clinic for a health assessment were required to complete an electronic self-assessment health questionnaire prior to attending their appointment. This assessment was reviewed by the physiologist and GP at the clinic prior to the appointment.
- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate clinical and ongoing needs were fully assessed. Where appropriate this included their mental and emotional wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- Staff assessed and managed patients' pain where appropriate.
- The provider used an electronic assessment system which used set algorithms to direct the patient into the most appropriate service, including self-help advice.
- Most blood screening test analysis could be conducted at the Manchester Printworks site. This meant patients received test results and could be signposted or referred to appropriate services during the first health assessment appointment.

## **Monitoring care and treatment**

### **The service was actively involved in quality improvement activity.**

- The provider reviewed the effectiveness and appropriateness of the service provided. All staff were actively engaged in monitoring and improving quality and outcomes.

- The service made improvements through the use of completed audits. These include environmental checks such as cleanliness as well as clinical performance audits such as standard of ECG traces and interpretation.
- People were asked to provide feedback on clinicians following their health assessment. The feedback was collated into a score card and highlighted any areas for improvement (if required).
- The service had recognised an area for improvement was in assisting people to feel confident and engaged in managing beneficial changes in health-related lifestyle. Staff were trained in behaviour change techniques. The new electronic system had been designed to enable staff to provide a personalised health plan which would engage, educate and inspire people.
- Following the health assessment and based on individual risks, people will be able to access educational modules suited to their needs.

## **Effective staffing**

### **Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and physiologists were registered with the Royal Society for Public Health.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff were given a yearly bursary for training, as well as access to courses provided by the training and staff development department (Nuffield Academy).
- Staff received specific training in the areas assessed during the personalised assessments for tailored health. The areas of specialism included: sleep; nutrition, heart health and emotional wellbeing. Physiologists also completed in-depth training in how to conduct ECG's.

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

- Staff worked together, and with other organisations, to deliver effective care and treatment.



# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the wider Nuffield Health services; the patients GP and pathology laboratories.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and recommendations with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. Medicines were not prescribed at this service.
- Systems were in place to ensure care and treatment for patients in vulnerable circumstances would be coordinated with other services.
- Patient information was shared appropriately with consent (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Where appropriate there were clear and effective arrangements for following up on people who had been referred to other services.

## Supporting patients to live healthier lives

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

- The main focus of the service was for staff to give people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriately highlighted to their normal care provider for additional support. For example, escalating adverse test results.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### **Consent to care and treatment**

#### **The service obtained consent to care and treatment in line with legislation and guidance .**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## **We rated caring as Good because:**

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

#### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients to the company indicated Nuffield Health Manchester Printworks achieved 95% positive results in relation to respect and dignity during examination.
- We received feedback from 17 people, all of which were positive. People commented that they were treated with kindness and respect. Comments included: staff were professional, efficient, warm and friendly; knowledgeable, respectful and supportive. People also commented that they were given good advice.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

- Staff helped patients to be involved in decisions about care and treatment.
- Interpretation services were available for patients who did not have English as a first language. Information leaflets could be made available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Systems were in place which would enable staff to communicate with people in a way that they could understand, for example, easy read materials could be made available. Online information was extensive and accessibility could be adjusted as required.

### **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- People were able to request a male or female clinician when making a booking.
- All consultations were in private rooms.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. The introduction of the on-line health and wellbeing assessment was in response to feedback from corporate clients who wanted an assessment and advice service that was accessible to all staff on an ongoing basis.
- Nuffield health have an Insights team who use an innovative way for the organisation to conduct research as into customer satisfaction and involvement in the development of services. The services was developing a "One Nuffield health" strategy and were designing products and services to deliver the strategy. To support this the provider used an online community panel called "The Green Room" and this includes both Nuffield members and non-members.
- There is a central Customer Team who are specialists in reflecting the customer experience, using data analytics, conducting market research, reviewing custom insights and managing customer relations.
- The service offered a range of health assessments that could be adapted to suit individual needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services.

## **Timely access to the service**

**Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- The clinic was open five days a week from 9am to 5pm for health assessments.
- Appointments were made through a central booking team, either online, by telephone or email. Appointments were made for a time that was convenient to the individual.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way, through phone calls and follow-up emails and letters.
- A system was in place for duty doctors or the general clinical take appropriate action for test results when the requesting doctor was on leave or unavailable.

## **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they be dissatisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from a national analysis of trends.
- There had been two complaints at the service between June 2018 and June 2019. We found that these had been investigated by the regional clinical lead and both had been satisfactorily handled.

# Are services well-led?

## We rated well-led as Good because:

### 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.

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels, corporate and local, were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

### Vision and strategy

- There was a clear vision and set of values set at a corporate level. The service had a realistic strategy and supporting plans linked to the corporate business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.
- The customer service team also provided relevant and actionable insights for the business, which add value to inform strategic decisions and identify future business opportunities.

### Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff were given free Gym membership and access to counselling and other health services.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were fully available to staff on the company intranet site.

### Managing risks, issues and performance

# Are services well-led?

## **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and staff were able to use the major incident plan. Specific training, however, had not been provided to staff.
- Leaders had oversight of safety alerts, incidents, and complaints.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients and customers.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored. Managers and staff were held to account.
- The information used to monitor performance and the delivery of quality care was used to address any identified weaknesses.
- Systems were in place and the provider understood the need to submit data or notifications to external organisations as required for example, to Public Health England, Health and Safety executive or Care Quality Commission.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Customer satisfaction surveys were distributed to people after their health assessment. The results were collated each month and shared with staff, people who used the service and visitors. There was a suggestions box available and people were encouraged to fill in feedback forms. All feedback was shared with individual staff members and action taken if feedback indicated the quality of the service could be improved.
- Staff could describe to us the systems in place to give feedback. This included team meetings, supervision and appraisals.
- Staff were also updated about changes and developments through the employee newsletters 'In the Loop' and 'GP Medical Society Newsletter'.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement, innovation work and work with local communities for example, a fitness support programme for children with cystic fibrosis was underway and the provider was in discussion with two local schools to provide health promotion and healthy lifestyle workshops.