

Nuffield Health Canary Wharf Medical Centre

Inspection report

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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.

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 Canary Wharf Medical Centre as part of our inspection programme.

Nuffield Health Canary Wharf Medical Centre provides independent doctors GP services and treatment; comprehensive health and wellbeing screening services and travel vaccinations. Most clients receive Nuffield medical care and health assessments through their employers who are members of the Nuffield Health Scheme. The majority of service users receive their day to day health care from an NHS GP service. The general public occasionally access the service.

Clinical care and treatment is provided by doctors, most of whom also work in the public sector. The service has developed the role of 'physiologists'. Physiologists employed are clinical staff with a relevant science university degree who then undertake a number of intensive clinical courses which qualifies them to be registered as a Clinical Physiologist.

Physiologists conduct the comprehensive health checks, including venepuncture for blood tests, and provide talking therapies and lifestyle coaching. Physiologists do not prescribe medicines or make clinical diagnosis.

At Nuffield Health Canary Wharf a duty doctor is available on site or on call. Nuffield Health Canary Wharf Medical Centre also employs a dedicated laboratory technician responsible for analysing blood and other clinical samples.

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 Canary Wharf

Medical Centre provides a range of interventions, for example physiotherapy, psychotherapy and nutritionists which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The general manager of the service 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.

Nuffield Health Canary Wharf Medical Centre service users completed 30 Care Quality Commission feedback cards. There were no negative comments or suggestions for improvement in any cards. Comments indicated that staff were caring, treatment and support was person centred, service users trusted the opinion of the clinicians they met, the environment and facilities were clean and people felt all their needs were met.

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. This was at both the local and organisational levels.
- There were reliable systems in place to protect people from unsafe premises and equipment.
- The initial electronic health assessment provided a safety net for new clients who maybe experiencing suicidal thoughts.
- 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. However, cervical smear sample takers did not complete the additional training and refresher course recommended in best practice guidance and not all staff had completed appropriate training or guidance for dealing with sepsis, for example reception staff had not completed training available through the Royal College of GP website.

Overall summary

- The provider ensured that 1% of medical records were peer reviewed annually.
- 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 service was developing links with a school 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 roles were well defined and staff knew who to go to for advice and support. A comprehensive major incident plan was in place and staff had completed specific training.
- Health and safety protocols were well managed and treated seriously. Following emergency drills the provider ensured lessons learnt were shared and improvements made, if required.
- 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 Canary Wharf Medical Centre 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 training for physiologists and reception staff to include recognising sepsis and display a sepsis flow chart for staff at the reception desk.
- Review best practice guidance and consider additional training and updating for cervical screening sample takers.

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

Our inspection team

Our inspection team was a CQC lead inspector and a GP specialist adviser.

Background to Nuffield Health Canary Wharf Medical Centre

The provider, which is Nuffield Health, is registered with the Care Quality Commission to provide services at 31 hospitals and 112 fitness and wellbeing clubs and clinics including Nuffield Health Canary Wharf Medical Centre 183 Marsh Wall, London, E14 9SH.

Canary Wharf Medical Centre is a standalone clinic and is not attached to a gym or other physical fitness facility.

Nuffield Health Canary Wharf Medical Centre provides health assessments, GP services and travel vaccines. The service is registered to provide the yellow fever vaccine. The most common services provided are comprehensive health assessments. These are initially completed by a physiologist and includes a range of physical screening health checks. Following the assessment and screening checks clients have a consultation with a doctor. This is to discuss the findings of the tests, any recommended healthy lifestyle changes and additional tests or treatment plan if needed. The service is provided to adults over 18 years only.

The service is directly managed by the general manager. The service employs doctors and physiologist. There is also a laboratory technician who is responsible for running the onsite laboratory. The service is open Monday to Friday, 9am to 5pm.

How we inspected this service.

The provider also submitted information requested prior to, during and after the site visit. We reviewed information published on social media sites.

We visited the service and reviewed records and cross-referenced policies and procedures with information about outcomes for patients, we observed the running of the clinic and interviewed clinical and non-clinical staff during the inspection visit. We interviewed the registered manager for the service. We interviewed the senior clinicians for the service. We toured the premises.

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 all staff. 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.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps 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.
- There was an effective system to manage infection prevention and control.
- The most recent Legionella inspection was completed in November 2018 and recommendations were made. These recommendations included regular descaling of the shower-heads and evidence indicated that this task had been completed every three months.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were effective and well understood systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service.

Risks to patients

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

- All staff including reception staff had completed basic life support training however, physiologists and reception staff had not been provided with training or information about suspected sepsis. Staff understood their responsibilities to manage other emergencies and to recognise those in need of other types of urgent medical attention. Doctors knew how to identify and manage patients with severe infections or sepsis. Emergency scenarios were practiced monthly.
- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for all staff tailored to their role.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place and the provider demonstrated that doctors and physiologists were covered by professional and or corporate indemnity insurance. This was managed by the human resource (HR) department at Nuffield Health head office and confirmation was made available at location level through the electronic HR management system.

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.

Are services safe?

- 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.

- The systems and arrangements for managing vaccines and emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff who prescribed medicines to patients gave advice in line with legal requirements and current national guidance.

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, when the water supply was cut to the building over a weekend the provider took the opportunity to review the business continuity plan to ensure staff and patients would have been protected if the building had been occupied. Following learning from an incident concerned with labelling specimens, the policy was changed to ensure labels were printed only as they were about to be used.
- It was evident that 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:

- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. For example, multidisciplinary team meetings, newsletters and role specific meetings.

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 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 and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, the provider was in the process of developing additional screening for clients who attended for asthma inhalers.
- Staff assessed and managed patients' pain where appropriate.
- Clients completed a very detailed online assessment that included information about family background; job type; social interactions and emotional wellbeing. This meant individual health improvement plans were person centred.
- An outstanding feature of this online assessment was the mental health assessment which ensured patients who indicated they were experiencing suicidal thoughts were flagged to a doctor for an urgent telephone consultation within 24 hours of completing the form. Ordinarily the first face to face health assessment and clinical tests were arranged with the client approximately 3 to 10 working days after the form was completed.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care

and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, between January 2018 to February 2019 the provider audited antibiotic prescribing at Canary Wharf. Learning points were identified to ensure doctors prescribed according to best guidance or completed an appropriate risk assessment if they did not. NICE guidance about antibiotic prescribing was sent out with the Nuffield Health March 2019 newsletter. The re-audit of prescribing between April 2019 and August 2019, found a significant improvement in compliance with the guidance.

Effective staffing

In the main staff had the skills, knowledge and experience to carry out their roles.

- Doctors who conducted cervical smears and sample taking had not completed additional training in line with best practice guidance and physiologists and reception staff did not have sufficient information and additional training about recognising and dealing with sepsis. These matters were discussed with the provider during the inspection visit and assurance given that these matters would be reviewed.

However:

- All staff were appropriately qualified and registered for their roles. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and physiology staff) were registered with the General Medical Council (GMC)/ Physiologists regulatory body and were up to date with revalidation.
- 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.
- Physiologists and doctors whose role included immunisation and reviews of patients with long term conditions had completed specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together, and worked well 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, referrals were made to secondary health when further investigations or treatment was needed.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse. Risk assessments were being introduced to support patients with long term conditions for example an asthma health check for those requesting asthma medicines.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately, this included when patients moved to other professional services. The information needed to plan and deliver

care and treatment was available to relevant staff in a timely and accessible way. 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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received and feedback from patients was positive.
- 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. This information was provided at the initial assessment stage to ensure an interpreter was available on the day of the health assessment. Patients were also told about multi-lingual staff who might be able to support them.

- 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 flexible enough to support patients with learning disabilities and complex needs however, clients with these needs had not as yet accessed the service at Canary Wharf medical centre.
- Staff communicated with people in a way that they could understand, for example, the need for communication aids and easy read materials were identified and made available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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. For example, the service was able to send hard copies of reports if the patient required this as well as electronically.
- 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 on an equal basis to others.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- There was no waiting time for the service.
- Patients with urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. This was achieved through letters given both to the patient so they were aware of

the referral. The referring doctor raised a task regarding the referral and had the responsibility of following through the referral. A duty doctor had oversight for ensuring all tasked referrals were completed.

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 not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place.
- Nuffield Health Canary Wharf Medical Centre learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. This was an outstanding element of the service. In response to trends identified from complaints staff at Canary Wharf had completed training in how to use the on-line health assessment system used by clients. This meant they were able to assist clients without referring them on to the Nuffield Health IT helpdesk.
- Doctors and physiologists had also completed a motivational interviewing course in response to trends identified from customer feedback.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability

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 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, including planning for the future leadership of the service. For example, meeting notes identified that a succession plan was in place for the current general manager.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- 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.

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. Nuffield Health Canary Wharf Medical Centre staff participated in a staff motivation and recognition programme. Staff were nominated monthly for examples of displaying the company values and the 'winner' received a certificate and reward.
- 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. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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.
- Staff commented that the leadership at Nuffield Health Canary Wharf was listening and helped to promote and sustain effective team work.

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.

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, however only a small percentage of consultations were reviewed each year.
- Leaders had oversight of safety alerts, incidents, and complaints.
- 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 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. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. For example, the service had started to work with a local school to try and introduce ideas about achieving a healthy lifestyle for children of primary school age.
- There were a number of forums and opportunities for client feedback and a significant change as a result of feedback has been the introduction of a dedicated customer satisfaction department to improve the client experience if they raise a concern or make a complaint.
- Staff could describe to us the systems in place to give feedback. For example, appraisals and team meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- 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 and innovation work. The provider Nuffield Health championed a number of different community-based projects and schemes at no cost to the participants, for example, healthy living courses in schools and working with children and families living with cystic fibrosis. The registered manager for each location could choose whether or not to participate in one or more of the projects. Canary Wharf Medical Centre had signed up to the schools' project and was about to commence a six-week course in a primary school who had agreed to participate.