

Nuffield Health Cannock Fitness and Wellbeing Centre

Inspection report

East Cannock Road
Hednesford
Cannock
Staffordshire
WS12 1LU
Tel: 01543 426531
www.nuffieldhealth.com

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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 19 July 2018 – the service was not rated at this time).

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 Cannock Fitness and Wellbeing Centre under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Nuffield Health Cannock Fitness and Wellbeing Centre provide health assessments to adults

that include a range of testing and screening processes carried out by a physiologist and a health assessment doctor. Following the assessment and screening process patients undergo a consultation to discuss the findings of the results and any recommended lifestyle changes or treatment planning. Patients can also access physiotherapy at the clinic.

The general manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback from people using the service was very positive. People spoke highly of the service they received from the clinic and told us they would recommend the service to others. They considered their health assessments were

thorough and provided by staff who were caring, considerate, professional and friendly. This was also reflected in customer satisfaction survey results which highlighted positive satisfaction rates with regards to the services provided by the clinic. Staff we spoke with told us they were very well supported in their work, felt valued and were proud to be part of the team and the organisation.

Our key findings were:

- The service had clearly defined processes and systems in place to keep people safe and safeguarded from abuse. The service had systems to keep people safe and safeguarded from abuse. A national duty doctor was available each day by telephone and they were responsible for managing safeguarding concerns.
- There were effective procedures in place for monitoring and managing risk to people and staff safety.
- There were safe and effective recruitment procedures in place to ensure staff were suitable for their role.
- People were offered appointments at their preferred location, at a date and time convenient to them.
- People had access to and received detailed and clear information about health assessments to enable them to make an informed decision.
- Staff had access to information they needed to carry out assessments in a timely and accessible way and in line with relevant and current evidence-based guidance and standards.
- There was evidence to support that the service operated a safe, effective and timely referral process.
- The provider invested in their staff. Staff were supported with their personal development and their ongoing education was recognised as being integral to ensuring the delivery of a high-quality service. Staff received opportunities for supervision, training, mentoring and self-reflection appropriate to their work.
- The service had developed links with the local community and were working in partnership with a local school to promote healthy lifestyles and wellbeing.
- There were clear responsibilities, roles and systems for accountability to support good governance and management.
- There was evidence of continuous quality improvement across various areas which were regularly reviewed through a range of audit, monitoring of key performance indicators and adherence to regulatory and best practice standards.

Overall summary

- There was an overarching provider vision and strategy and evidence of good local leadership within the service.

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 inspector and was supported by a GP specialist advisor.

Background to Nuffield Health Cannock Fitness and Wellbeing Centre

Nuffield Health is registered with the Care Quality Commission and provides services across 31 hospitals and 112 fitness and wellbeing centres including Nuffield Health Cannock Fitness and Wellbeing Centre, East Cannock Road, Hednesford, Cannock, Staffordshire WS12 1LU. Only this location was visited as part of this inspection.

Nuffield Health Cannock Fitness and Wellbeing Centre is part of the Nuffield Health UK health organisation, a not for profit organisation founded in 1957. The Centre is located in Cannock, Staffordshire. The health clinic opened within the centre in 2011 and provides a range of health assessments and physiotherapy services to people aged 18 and over. Services are provided privately and are not commissioned by the NHS. Most people attending the clinic for health assessments are corporate clients from local businesses with less than 10% self-paying clientele. Services are delivered in a purpose-built clinic located on the first floor. A passenger lift is available. The centre provides gym facilities, a range of fitness classes, a swimming pool, spa facilities and a café.

The service is registered to provide the regulated activities of Diagnostic and screening procedures and the Treatment of disease, disorder or injury from this location.

The primary service provided at the Cannock Centre is health assessments; however, physiotherapy is also provided on site, which is not a regulated activity. Following a detailed assessment and screening process patients receive a consultation with a health assessment doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. People can choose to be seen at one of the other nearby or wider health and wellbeing centres managed by the provider across the UK.

The clinic is open to both members and non-members of the centre. The provider has a designated booking team and client service administrators are available between 8am and 6pm Monday to Friday. The clinics core opening

times for health assessments are between 8am and 4pm on a Monday, Thursday and Friday. Between 12 noon and 8pm on a Tuesday and between 8am and 8pm on a Wednesday.

The team at Cannock consists of one health assessment doctor, three physiologists, including a clinic manager, and one physiotherapist. The team are supported by a general manager, who is the registered manager, administrative and reception staff. Patients can choose to receive services at the Cannock clinic or at an alternative health clinic managed by the organisation. The clinic has an onsite pathology lab and designated medical laboratory assistant.

Additional information about services provided are available via the provider website at

How we inspected this service:

Before visiting we reviewed a range of information we held about the service and asked the service to send us a range of information. During the visit we spoke with various staff members including the registered Manager, the clinic manager the clinic GP and Medical Locum Lead GP. We gained feedback from the 16 completed CQC comment cards and discussions held with patients. We carried out observations, reviewed the systems in place for the running of the service, including how clinical decisions were made, sampled key policies and procedures and looked at a selection of anonymised patient records.

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

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

- 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?

Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and on-going training.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Vetting of applicants was undertaken centrally and interviews held locally. 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).
- The service had effective systems in place to safeguard vulnerable adults from abuse. All staff received on-line level two safeguarding training and the registered manager was due to undertake level three training shortly. The clinic did not provide a GP service; therefore, staff had received the level of training required of their role. Staff we spoke with knew how to identify and report concerns and had access to a children, young people and adults safeguarding policy in addition to an easy read safeguarding flowchart. We saw the most recent staff newsletters included information on suicide and domestic abuse intervention and the number of interventions made in addition to alerting clinicians to the importance of knowing their professional responsibilities in relation to female genital mutilation (FGM) and the process to follow should clinicians identify this during consultations.
- The provider had implemented a role of a national duty doctor (NDD) who was available each day and was responsible for managing safeguarding concerns such as those pertaining to risks of suicide and domestic violence. Should an individual report suicidal ideation, or domestic abuse prior to their health assessment, they would immediately be signposted to local routes of self-help. An alert was sent to the NDD, and they would call the client within one day and carry out a telephone consultation and provide the necessary onward referral, or act for any client in immediate danger with links to the local police, NHS and local safeguarding teams. The service had identified 14 clients at risk of suicide since October 2018 and they were contacted ahead of their health assessment and followed up.
- Staff who acted as chaperones received annual training for the role and had received a DBS check. A list of active chaperones was displayed in a staff area and chaperone notices were displayed in the consulting rooms and available in a patient information file held in the waiting area. Staff had access to a chaperone policy, which had recently been updated and circulated to the team. Staff were required to confirm they had read and understood the policy.
- There was an effective system to manage infection prevention and control (IPC). The provider employed their own cleaning staff and all staff received IPC training. The clinic manager was the infection, prevention and control lead. Discussions held with them demonstrated they had a clear understanding of their role and responsibilities to ensure appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy. The waiting room was the only carpeted area. Floor finishes in clinical areas were washable. A range of regular audits were carried out to ensure compliance. These included an annual non-acute hand hygiene audit, waste handling and disposal, clinical areas and rooms in addition to a uniform spot check audit. Work schedules were maintained covering all areas of the centre, including the clinic. The procedure in the event of a sharps injury was clearly displayed. A legionella risk assessment had been undertaken in January 2019. Some recommendations had been identified, however, these were not specific to the clinic. Appropriate monitoring systems were in place.
- 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 environmental risk assessments on an annual basis and ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw calibration records to ensure that clinical equipment was checked and working. There was

Are services safe?

a comprehensive health and safety policy in place which was readily accessible to staff. Staff received health, safety and fire safety training and there were effective systems in place to ensure their training was up to date.

Risks to patients

There were systems to assess, monitor and manage risks to people's safety.

- There were arrangements for planning and monitoring the number and skill mix of staff. The provider had a dedicated central capacity management team in place to ensure adequate staffing arrangements were maintained and enough staff were on duty to meet demand.
- There was an effective induction system for new staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Staff received annual basic life support training to ensure they were able to respond appropriately to any changing risks to patients' health and wellbeing during their visit to the clinic. Emergency pull cords were sited in all rooms and staff attended emergency scenario training to equip them to deal with a range of medical emergencies. The clinic operated as a preventative health care facility and therefore did not see sick people in general and people using the service did not remain on site for ongoing care.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The service had a health and safety policy in place and a designated health and safety lead within the centre. A range of risk assessments had been undertaken to help mitigate risks to patients.
- Staff received essential health, safety and welfare training including infection, prevention and control and fire safety.
- Staff had access to a serious incident management manual in addition to a local business continuity plan to ensure any disruptions had a minimum impact on the delivery of the service.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept people safe. The service used an electronic booking and care record system, with safeguards to ensure that patient information was held securely. Staff we spoke with demonstrated a clear understanding of protecting patient confidentiality and were able to share examples of good practice. IT systems were password protected and encrypted.
- There were systems in place to seek written consent prior to people receiving any treatment or procedures.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Information was only shared with other agencies once consent had been obtained from people using the service.
- People attended the clinic for health assessments and were either referred to consultations with the private healthcare system if they wished or to their NHS GP for follow up as required. The health assessment doctor was responsible for the referral pathway.
- There was a system in place for the clinical staff to receive national safety alerts issued by external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). Safety alerts were disseminated by the medical director and through the providers quality support team. These were reviewed and disseminated by the clinic manager who was the designated medical device lead. We saw safety alerts were monthly review meetings held and if relevant to the service, agreed actions documented. The clinic manager advised there had been no recent relevant alerts that required action.

Safe and appropriate use of medicines

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

- Except for medicines for use in a medical emergency, no medicines were held on the premises or were prescribed, or prescriptions issued. The provider had carried out a risk assessment to demonstrate how risks to patients would be mitigated in the absence of suggested emergency medicines for sites that provided GP services. We were advised a new policy to support this had been developed and the role out was imminent.

Are services safe?

- Regular checks were carried out on the emergency medicines and equipment to ensure they were safe to use and medicines in date.

Track record on safety and incidents

The service had a good safety record.

- Staff were supported by a central health and safety team and used an electronic healthcare incident reporting software system for recording, reporting and analysing serious events and incidents. All incidents were monitored on a regular basis through the provider's quality assurance process to understand risks and improve practice where identified. This helped the provider understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There were comprehensive risk assessments in relation to safety issues.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system in place for recording and acting on significant events and incidents. The provider had a

policy in place for the reporting and management of all adverse events and serious incidents which staff had access to. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.

- 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. Incidents were reported on a central electronic system and shared throughout the organisation to ensure learning were shared and improvements made. The clinic had recorded sixteen incidents in the last six months. Incidents included patient appointments being moved multiple times and the level of noise from the studio next to the clinic. Managers shared the action they had taken to address the concerns raised. Incidents were discussed in monthly clinical meetings held and any trends or repeated incidents were discussed.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Staff shared a recent example of a client affected by an incident due to an administrative error. The client was contacted, offered an apology and a solution. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

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 on-line self-assessment prior to attending their appointment.
- Written protocols were in place for staff to follow. Any changes were disseminated to clinical staff.
- Clinical staff had access to relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Since the last inspection regular health assessment and GP medical society newsletters for health assessment doctors and GPs had been introduced to share information and keep clinicians up to date with current guidance. The most recent GP medical society newsletter published in April 2019 included a good outcome of a significant event, recent NICE guidance updates, article reviews, health assessment results and forthcoming training courses.
- We saw no evidence of discrimination when making care and treatment decisions.
- Since the last inspection the provider had introduced new technology to improve care and to support to people using the service. In addition to the range of health assessment packages, the service had introduced personalised assessments for tailored health (PATH). These assessments were available to people whose employers had signed up to this package as part of their employee health and wellbeing scheme. This service operated by enabling the person to answer a series of questions online, the answers were then processed through an evidence-based clinical algorithm resulting in a personalised face-to-face health assessment with the most suitable clinician to meet their needs.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider reviewed the effectiveness and appropriateness of the service provided. The service's performance was monitored centrally. All staff were actively engaged in monitoring and improving quality and outcomes. Key performance indicators (KPI's) were in place for monitoring various aspects of the quality provided to patients including, timeliness of pathology results, reports prepared and patient satisfaction rates.
- The service made improvements through the use of regular audits. These included site audits, leadership and commitment audits, non-acute clinical managers monthly quality assurance audits, cleaning audits, health assessment and physiology scorecards in addition to an annual quality assurance review. Clinical audits were completed at national and local level. Action plans were developed in response to audits and results discussed at monthly review meetings held. In 2018 an ECG referral rate audit was completed by the clinic's health assessment doctor. The audit found 17% of referred ECGs were reported as abnormal following review by consultants with 20% of referred ECGs reported as normal. The health assessment doctor was striving to improve these referral rates and a re-audit was currently being completed.
- People using the service 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. Audits for March and April 2019 showed a result of 100%, an improvement of 84% for January 2019 and 87.5% for February 2019.

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 and were provided with opportunities to work alongside existing staff until they felt confident and assessed as competent in their work. Physiologists reports were regularly audited. Appraisals included fundamentals of safety and performance and ensured clinicians remained within their scope of practice.
- Staff were supported to complete a variety of training through the organisation's training academy. There

Are services effective?

were effective systems in place to ensure all staff were up to date with their training. Health and wellbeing physiologists were trained to a postgraduate degree level in physiology, anatomy, biochemistry and disease management. Staff were required to complete essential training and clinicians were assessed to ensure they were competent prior to undertaking health assessments. Health and wellbeing physiologists were required to complete a 360+ clinical reflection on a quarterly basis, which was reviewed by the regional clinical lead. This process formed part of the minimum clinical practice and continuing professional development (CPD) requirements. CPD was tracked via score cards and reviewed by the clinic manager every six months. We saw an example of a completed clinical reflection for a clinician we spoke with. The reflection covered the preparation undertaken to ensure a safe and effective health assessment was delivered, clinical delivery, including practical delivery of tests. The clinician was also required to comment on what aspects of the client journey were particularly good and what could have been improved.

- Clinicians were registered with and maintained their professional healthcare registration appropriate to their role. For example, the health assessment doctor was registered with the General Medical Council (GMC) and the physiologist with the Royal Society for Public Health (RSPH).
- 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.
- The clinic had a non-acute scenario calendar in place. Scenarios and discussions included emergency scenarios, safeguarding, complaint handling, mental capacity act, needlestick incident, hazardous substance spill and IT system failure.
- Staff told us they felt well supported in their work and received regular supervision and personal development reviews to discuss their personal development and learning needs.

Coordinating patient care and information sharing

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

- There were processes in place for the onward referral to the individual's GP or consultant with the consent of the person in line with legislation and guidance as part of this process.
- Staff knew how to make an urgent onward referral when needed and had access to protocols to assist them with the process. These were recorded and followed up by the clinician to ensure they had been received and acted upon.
- Pathology services were available within the clinic with processes in place to ensure all test results were received and reviewed with people during their assessments, where possible and recorded on the patient record. Test results were reviewed by the health assessment doctor and accredited biomedical scientist and any follow up action taken as required. Test results were communicated to people using the service through written reports and telephone calls where required.

Supporting people to live healthier lives

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

- The ethos of the provider was to help people live healthily, get better and stay well. Staff told us their aim was to empower their clients, facilitating their journey to thrive in all areas of their wellbeing, including physical, social and mental. They reported that health and wellbeing physiologists used their extensive knowledge of preventative healthcare to educate and provide expert coaching using motivational interviewing to guide clients towards optimum wellbeing. Physiologists aimed to not only prevent disease through lifestyle coaching, but to promote high physical and emotional wellness. This ethos was supported by the clinical expertise of the health assessment doctor.
- The clinic provided people with a range of health assessments focused on preventative health and supporting people with healthier lives. Assessments had been devised to provide a comprehensive picture of an individual's health, covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing. Detailed reports covering the findings of their assessment and recommendations for how to improve their general health and reduce the risk of ill health were produced following the assessment. We spoke with a

Are services effective?

person following their health assessment. They considered the process was comprehensive, efficient and provided them with a clear picture of their general health and wellbeing needs. Another person commented that their health assessment was highly informative, helpful and not directive and empowered them with managing their health.

- People who attended for an assessment were provided with the option to utilise a free 10-day pass for any Nuffield Health gym and could use any of the membership benefits for this period, including unrestricted gym access, Health MOT, exercise classes and access to a personal trainer to personalise an exercise programme. Upon receipt of this 10-day pass, they were met at the door of their chosen gym and given a personal tour of the site to help facilitate their onward journey.
- People could register their interest to attend free 'Meet our Expert' (MOE) health promotion events, which were available to both members and non-members to help educate people on a variety of health topics.
- Staff told us they were actively wanting to develop relationships with local schools and had attended a school fun run at a local school and were very well received. They were looking to further develop this as part of their Schools Wellbeing Activity Programme (SWAP), proactively responding to the key health issues facing young people and were currently working with one school.

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 and had received training on the mental capacity act (MCA) as part of their induction and annual essential training. MCA was also included on the non-acute scenario calendar to ensure it was at the forefront of staff minds. As a result of the scenario discussions held in April 2019, staff had suggested obtaining MCA prompt cards and these had since been obtained and implemented to aid staff.
- The clinic did not provide services to people under the age of 18.
- The service monitored the process for seeking consent appropriately. Consent forms were completed and scanned on to the electronic records.
- Staff were aware of the new General Data Protection Regulation (GDPR) and were handling patients' personal data in line with the regulation. Information on GDPR was displayed in clinical areas. Patient identities were checked before information, to include test results, was disclosed to them. A GDPR compliance support visit had been undertaken on 09/05/2019. The visit reviewed GDPR compliance across areas including the reception and office areas, medical records and document management, physical security, confidentiality, and document retention awareness. The findings identified that the service was compliant across all areas, except for the main centre reception and not all staff knew how to report a data breach.

Are services caring?

Kindness, respect and compassion

Staff treated people with kindness, respect and compassion.

- Feedback from people who used the service was positive about the way staff treated them. We received 16 completed CQC comment cards, all of which were positive and indicated that people were treated with kindness and respect. Comments included staff were caring, friendly, helpful, respectful and highly professional.
- People were asked a series of questions at the time of booking to include their preferred gender of clinician and if they wished to be accompanied for their appointment.
- Staff understood people's personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to people. Staff received essential training in areas that included equality, diversity and inclusion and consent to examination or treatment.
- The service gave people timely support and information. People commented that they felt listened to and reassured by the health professionals who provided clear explanations and informative advice. People said when they did ask questions, staff responded in a way they understood.
- The service requested feedback from people who had attended the clinic for a health assessment. The results were collated monthly and shared with staff. The most recent published health assessment customer satisfaction survey for April 2019 showed:
- 85% of clients felt that the clinical staff were friendly and approachable.
- 62% of clients felt the experience was made personal to them.
- 91% of clients said the physiologist and 85% said the health assessment doctor was always professional in their manner.
- 77% of clients said they would recommend a health assessment to family, friend or colleague.
- An onsite feedback log was also maintained, which was an accumulation of comment cards and emails gathered and actions taken from these. We saw 25 comments had been logged from April to June 2019 about the services provided. Twenty-one of these comments related to the services regulated and the majority were very positive about peoples' experiences.

Involvement in decisions about care and treatment

Staff helped people to be involved in decisions about care and treatment.

- People were fully involved in their health assessment and their test results were discussed with them during their assessment and followed up with a written personalised report.
- Where serious issues were identified, either through the initial self-assessment health questionnaire or following the assessment, the person was contacted prior to their appointment or receiving their report.
- If any referrals were considered in the person's best interest, for example to the GP or other services, this was discussed and consent from the person obtained prior to referrals being made.
- People told us that they felt listened to, had enough time during their consultation and the information to make decisions about what actions they may wish to take.
- Feedback from the service's own client satisfaction survey indicated that staff listened to people and provided advice. The most recent published health assessment customer satisfaction survey for April 2019 showed: For example:
- 77% of clients said they had received a clear explanation of the assessment process from the clinician.
- 73% of people felt that the physiologist was knowledgeable and informative about clinical issues.
- 77% of people felt that the doctor was knowledgeable and informative about clinical issues.
- Interpretation services were available for people who did not have English as a first language. The clinic did not provide a hearing loop, however advised they did have access to a hearing loop and this would be flagged when people booked their appointment through the central booking team.

Privacy and Dignity

The service respected people's privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The most recent published health assessment customer satisfaction survey for April 2019 showed 100% of clients felt their dignity was respected during their examination.

Are services caring?

- Consulting rooms were located away from the main waiting area. Doors were closed during consultations and 'occupied' signage was displayed on doors. Curtains and screening were also provided in consulting rooms to maintain people's privacy and dignity.
- Staff recognised that people were often anxious about attending for a health assessment and made efforts to put them at their ease. The clinic manager shared an example of how they had supported a client who had declined having a specific examination done during their consultation and had later changed their mind. The client was offered the opportunity to return for the procedure and was accommodated during the staff members lunch break.
- People were able to request a male or female clinician when making a booking request.

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised and delivered services to meet people's needs. It took account of individual needs and preferences.

- A designated booking team was available to help people with the booking of their appointments.
- The service served the whole adult population only and aimed to provide accessible health assessments and treatment including physiotherapy, which is not regulated by CQC.
- The clinic was located on the first floor of a purpose-built health and wellbeing centre. Gym facilities were provided in addition to a swimming pool, spa facilities, fitness classes and a café.
- The service offered a range of health assessments that covered a span of key health concerns and could be adapted to suit individual needs. Although over 90% of health assessments were carried out on behalf of insurance companies or employers, information about the range of services available and costs were clearly detailed on the provider's website.
- People could choose to have two fifteen-minute telephone consultations with a physiologist beyond their initial health assessment to help clients get the most of their assessment and improve their health behaviours.
- Health assessment reports were available in a range of formats to include paper, electronic and large print on request.
- The facilities and premises were appropriate for the services delivered, with adequate disabled facilities available, including a passenger lift and eight designated disabled car parking spaces. The central booking team identified and communicated any disabilities or special circumstances needed for services in advance of clients attending for an assessment. A translation service and longer appointments were available for people who required them.
- Local presentations were offered to companies for health topics which were important to them.

Timely access to the service

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

- The core opening times for health assessments was between 8am and 4pm on a Monday, Thursday and Friday. Between 12 noon and 8pm on a Tuesday and between 8am and 8pm on a Wednesday. People could also access a range of sites across the organisation at a time and location to suit them, for example a clinic closer to where they work to suit their geographical needs. The provider had a designated central booking team and client service administrators were available between 8am and 6pm Monday to Friday.
- Appointments could be booked online, by telephone or email. We were advised each private company placed a stipulation on how they wished their employees to book their appointment. Appointments were made for a time that was convenient to the individual at their preferred health and wellbeing centre to suit their geographic needs. Health assessment appointments ranged from one to three hours in duration, depending on the type of health assessment. The most recent published health assessment customer satisfaction survey for April 2019 showed 69% of clients said they were offered an appointment time to suit them. A client we spoke with told us their experience of booking an appointment was a very smooth process and they were provided with a choice of appointment time and location.
- Referrals and transfers to other services were undertaken in a timely way. Standard operating procedures were in place for referrals to either the duty GP within the organisation or the person's own GP.
- Where possible the results from most tests undertaken during the health assessment were shared with the person at that time and followed up in a written report.
- After completion of a health assessment, the person was entitled to two 15 minute follow up telephone calls with the physiologist to provide support and to help with monitoring and achievement of any recommended actions in line with their health assessment and lifestyle needs.

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 in the waiting area, clinical rooms and on the provider website. Complaints could be made in person, by telephone or on-line. Staff had

Are services responsive to people's needs?

access to a health assessment complaints and concerns management policy and procedure. The policy stated that complaints provided vital feedback and allowed potential service failures to be identified and learned from to make improvements to the quality of care. The policy detailed the definition of a concern, a complaint and medical negligence complaint.

- The general manager/registered manager was the designated lead for managing general complaints. Complaints were assigned to the clinic to investigate in the first instance. Any clinical complaints were investigated by the clinic manager with the support from regional clinical leads and the medical director where necessary.

- No formal written complaints had been received since the last inspection. However, managers logged, investigated and actioned any concerns raised on a web-based incident reporting and risk management software system, shared and discussed across the team. We reviewed the information contained within the tracker and saw 16 incidents had been logged in the last six months, 11 of these were concerns. The tracker included the date of the incident, a brief description and the outcome. Most of the concerns raised were in relation to the level of noise from the fitness studio next to the clinic or changes in appointments. Verbal complaints and comments were now recorded to help identify any trends and themes as recommended at the previous inspection.

Are services well-led?

Leadership capacity and capability;

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

- The service was part of the Nuffield Health UK health organisation, a trading charity which was established in 1957 and runs a network of private hospitals, medical clinics, fitness and wellbeing centres and diagnostic units across the UK. The organisation is managed by a board of governors, who were 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.
- At a local level we saw leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The provider had an organisational structure in place in addition to a local team structure. Managers we spoke with demonstrated a clear understanding of their role and responsibilities. There had been no changes in the site structure, or regional leads since the previous inspection.
- The registered manager had overall accountability for the services provided within the centre and worked in partnership with the clinic manager who was responsible for the day to day running of the clinic.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- Nuffield Health's mission was to support, enable and encourage people to improve their health and wellbeing to help them get the most out of life. The physiologists and health assessment doctor worked collaboratively to achieve their shared vision of improving people's lives by inspiring people who used the service to actively take care of their health and wellbeing.
- The organisation's vision and strategy were being connected, aspirational, responsive and ethical (CARE). Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving

them. They told us they delivered a person-centred service that endeavoured to provide a holistic approach to preventative health. Staff we spoke with were passionate about their work.

- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused and invested in both the needs of the people using the service and their staff.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Staff we spoke with told us they felt respected, supported and valued by the management team locally and nationally. They reported positive relationships between staff and teams.
- 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 and managers were able to provide an example.
- 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 ongoing development. This included appraisal and career development conversations. All staff received regular supervision with their line manager and annual appraisals. 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. Corporate benefits package included free gym membership, health assessments, private healthcare and child care vouchers. The clinic manager was also a mental health champion and offered staff support in the workplace.
- The service actively promoted equality and diversity and provided staff with training.

Governance arrangements

Are services well-led?

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 provider ensured standards were achieved through regular audit and measuring feedback from people using the service. Any sub-standard quality and safety performance was investigated and acted upon. Staff within the clinic had lead roles, for example safeguarding and infection control and were supported corporately by the central teams. Staff spoken with were clear on their roles and accountabilities.
- The provider had an organisational quality and safety committee which had oversight of any matters relating to the safety and quality of the service.
- Staff had access to a suite of policies and procedures that governed activity to ensure safety and assured themselves that they were operating as intended. These were easily accessible to staff, reviewed and updated regularly.
- Staff attended a wide range of meetings appropriate to their work and were encouraged to contribute. Meetings were recorded and minutes shared with staff.

Managing risks, issues and performance

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 people's safety.
- The service used a dashboard scorecard system to monitor their performance against internal key performance indicators, best practice standards and effective risk management.
- A comprehensive quality report was published and presented to the Board each month. The purpose being to inform and update the Board on the safety, effectiveness and patient/customer experience elements of the care delivery for discussion, challenge, reflections and advice. The report covered a range of directorates including GP and health assessment doctors. This included safety, effectiveness and any emerging risks.
- Performance of clinical staff could be demonstrated through audit of their assessments and reports.

- Leaders had oversight of safety alerts, incidents, complaints, staffing levels and performance. These were discussed at monthly meetings held between the clinic manager, general/registered manager and head of department
- Audits had a positive impact on quality of care and outcomes for people. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff to manage 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 people who used the service.
- 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.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- Staff told us they were always striving to improve the services provided and therefore welcomed feedback from clients. Feedback was reviewed as a team, ideas shared, and lessons learnt on how they could improve and streamline their services for the future. For example, 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.

Are services well-led?

- Staff were provided with opportunities to give feedback through open discussions, team meetings, one-to-ones, appraisals newsletters, conferences and the extranet.
- A suggestion box available in the clinic waiting area and people were actively 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 were kept up to date any changes and developments through quarterly publications of a GP Medical Society Newsletter and a Health Assessment Newsletter.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service worked closely with local communities and other charities. These included providing health presentation outreach events with local companies based around what they wanted for their workforce. 'Meet our Expert' (MOE) health promotion events, which were available to both members and non-members to help educate people on a variety of health topics.
- There were systems to support improvement and innovation work. The service was looking to further develop the services provided to complement their health assessment service. From August 2019 they offered a cystic fibrosis exercise programme and by the end of this year were hoping to offer education and exercise programmes for people living with joint pain and a programme and research for men with prostate cancer. The provider was looking to empower young people to improve their wellbeing and had recently introduced a School Wellbeing Activity Programme (SWAP). The programme was aimed at 13 and 14 year old people and was based around the core pillars of wellbeing and supports schools to incorporate further health and wellbeing lessons into their timetable. Locally the service was currently working with one school and was looking to develop the programme with other local schools. They had attended a local school fun run.
- The national duty doctor system, developed since the last inspection, provided support and guidance for clinicians working in the centres and ensured all results were reviewed the same day. Staff also had access to a mental health champion based at the clinic to support their mental wellbeing in their work.
- Staff were encouraged and empowered to look after their own health and wellbeing and provided with free access to the providers' gym network, an annual health assessment, and discounted rates to other services within the company.

Continuous improvement and innovation

There were 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.