

Nuffield Health

# Nuffield Health Milton Keynes Fitness and Wellbeing Centre

## Inspection report

602 Marlborough Gate,  
Milton Keynes,  
MK9 3XS  
Tel: 01908 298 800  
Website: [www.nuffieldhealth.com/gyms/  
milton-keynes](http://www.nuffieldhealth.com/gyms/milton-keynes)

Date of inspection visit: 24 September 2018  
Date of publication: 29/10/2018

## Overall summary

We carried out an announced comprehensive inspection on 24 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

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

Nuffield Health Milton Keynes Fitness and Wellbeing Centre (the location) provides a range of health assessments to patients aged over 18 years. Assessments include a range of testing and screening processes undertaken by a doctor and/or physiologist as appropriate. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. Patients can also access physiotherapy at the centre.

The location is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. For example, at Nuffield Health Milton Keynes Fitness and Wellbeing Centre, services are provided to patients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation.

# Summary of findings

Therefore, at Nuffield Health Milton Keynes Fitness and Wellbeing Centre we were only able to inspect the services, which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy). Physiotherapy services provided at Nuffield Health Milton Keynes Fitness and Wellbeing Centre also do not fall within the regulated activities for which the location is registered with CQC.

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.

We received seven completed CQC comment cards. All the completed cards indicated that patients were treated with kindness and respect. Staff were described as friendly, caring and professional. In addition, comment cards described the environment as pleasant, clean and tidy.

## Our key findings were:

- The provider had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment. Treatment was delivered in line with best practice guidance and appropriate medical records were maintained.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- The service actively sought feedback from patients and displayed the results and actions taken in response to feedback received.
- The clinic ran regular 'Meet our experts' sessions which provided information and supportive advice on different conditions facilitated by a multi-disciplinary team of advisors, including doctors and physiologists. For example, there was a session on arthritis scheduled for October 2018.
- Systems were in place to protect patients' personal information.
- Information about services and how to complain was available and easy to understand.
- An induction programme was in place for all staff and all staff received role specific training prior to treating patients.
- There was a comprehensive training programme and staff were well-supported with training and professional development opportunities. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The provider had a clear vision to provide a safe and high-quality service and there was a clear leadership and staff structure. This vision was adopted locally within the service through an effective leadership team. Staff understood their roles and responsibilities.
- There were clinical governance systems and processes in place to ensure the quality of service provision. Staff had access to all standard operating procedures and policies which were regularly reviewed and updated.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Nuffield Health Milton Keynes Fitness and Wellbeing Centre

## Detailed findings

### Background to this inspection

The Nuffield Health Milton Keynes Fitness and Wellbeing Centre (the location) is operated by Nuffield Health (the provider) at Marlborough Gate, Milton Keynes, MK9 3XS. The provider is registered with the Care Quality Commission to carry out various regulated activities at numerous locations across the country. The regulated activities relating to this location are Diagnostic and screening procedures and Treatment of disease, disorder and injury.

Milton Keynes Health and Wellbeing Centre provides health and wellbeing, screening and physiotherapy services to people aged 18 years and over from a purpose-built facility which includes a full fitness suite, swimming pool and other sports facilities. At the time of our inspection, the Centre had a total adult membership of 2,900 and was open from 6am to 10pm from Monday to Friday and from 8am to 8pm on Saturdays and Sundays. Health assessments were available from within the dedicated clinic from 8.30am to 4.30pm Monday to Wednesday and 8am to 4pm on Thursdays and Fridays.

The health assessments include 360 Health Assessments (comprehensive health reviews) and

Lifestyle Health Assessments. The purpose of the health assessments is to provide patients with a comprehensive review of their health. They cover key health concerns such as weight, diabetes, heart health, cancer risk and emotional wellbeing, and may involve a number of screening and testing procedures. There is a small laboratory onsite to process some blood tests. More complex tests are sent to the provider's facility in Warwick for assessment. Following the assessment and screening

process, patients have a consultation with a doctor to discuss the findings and to consider and plan for any required treatment. Patients receive a comprehensive report detailing the findings of the assessment. The report includes advice and guidance on how the patient can improve their health together with information to support healthier lifestyles. Any patients requiring further investigations or any additional support are referred to other services.

At the time of our inspection the clinical team consisted of three health assessment doctors

working at the location on a part-time basis and two physiologists. Physiologists are full professional members of the Royal Society for Public Health (RSPH) and are trained to carry out health assessments, give advice and motivate patients to make lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management. There were two physiotherapists based within the clinic and a cognitive behavioural therapist provided a weekly service from within the clinic. The location has a general manager, a clinic manager and a small team of administrators. Further corporate managerial and administrative support is operated from the provider's other offices. We were advised by the management team that the service was actively recruiting to expand their physiologist team within the location.

We inspected Nuffield Health Milton Keynes Fitness and Wellbeing Centre on 24 September 2018. The inspection team included a lead inspector and GP Specialist Advisor. Before inspecting, we reviewed a range of information we hold about the service, any notifications received, and the information given by the provider at our request prior to the inspection.

# Detailed findings

During our visit we:

- Spoke with a range of staff including the regional clinical lead doctor, a physiologist, the general manager and a clinic manager. (The clinic manager we spoke with was based at a different location but was available on the day of inspection to provide support due to the location's own clinic manager being on leave).
- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Looked at rooms and equipment used in the delivery of the service and made observations of the environment and infection control measures.
- Viewed a sample of key policies and procedures.

- Looked at a random selection of anonymised patient reports.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

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

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

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

# Are services safe?

## Our findings

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

### Safety systems and processes

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. We saw safeguarding policies and flow charts on display outlined who to contact for further guidance, for instance if staff had concerns about a patient's welfare. All staff were required to undergo annual safeguarding training and we saw that the service effectively monitored this to ensure all staff were up to date with their training. Staff we spoke with demonstrated they understood their safeguarding responsibilities.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) There was clear signage throughout the clinic advising that chaperones were available.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis to ensure staff were suitable for their role. We saw that the monitoring systems in place ensured that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS).
- On occasion the clinic utilised locum doctors, although we were advised this was rare due to the stable clinical team. All locums were sourced through a locum agency. We saw that the provider had a contract in place for this arrangement and that any locum sourced through the agency received appropriate recruitment checks prior to working at the service. Locums were also required to complete induction training as well as ongoing training whilst working at the clinic. This was monitored through the services quality assurance process.
- There was an effective system to manage infection prevention and control. We observed the premises to be visibly clean and tidy. We reviewed evidence of completed cleaning schedules which ensured that all

areas of the clinic were well maintained. The clinic manager was the infection control lead and staff received infection control training. There was an infection prevention control protocol in place and we saw records of completed infection control audits.

- There was a sufficient supply of personal protective equipment such as masks, gloves and aprons. The provider maintained a central log of staff's Hepatitis B immunisation status. We saw the onsite test laboratory had a separate process for cleaning and monitoring appropriate to the work carried out.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The provider had a dedicated capacity management team which managed the rota system within each region. This system covered different staffing groups to ensure that enough staff were on duty to meet demand.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. During our inspection we saw that the service had a defibrillator and oxygen with adult masks on site and there were records in place to support that these were regularly checked to ensure they were fit for use. Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. The medicines were checked on a regular basis and records were kept supporting this. We were shown evidence that, at the time of our inspection, the provider was reviewing stocks of emergency medicines within Health and Wellbeing Centres nationally following a proposal to expand the emergency medicines held at each location.
- Staff received annual basic life support training. There were also first aid kits and an effective system for recording and responding to accidents. Alarms were available in all clinical rooms to summon assistance in the event of an emergency.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

# Are services safe?

- A business continuity plan was in place for major incidents such as power failure or building damage. The plan, known as a SIMM (Serious Incident Management Manual) included emergency contact numbers for staff and instructions for paper based protocols in the event of an IT incident. Copies of the plan were kept off site by members of the management team.
- There was a health and safety policy in place and a range of risk assessments relating to the premises, risk of fire and risks associated with infection control. We saw that fire drills and weekly fire alarm testing were recorded and that staff had received health, safety and fire training. We saw formal risk assessments in place for the control of substances hazardous to health and for the risk of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Staff received regular training updates on health and safety; the organisation had an overarching health and safety team, as well as a health and safety lead based at each site so that staff knew who to go to with a health and safety concern.
- Staff who performed venepuncture (for blood tests) were aware of action to take in the event of a sharps injury. Guidance was displayed in all clinical rooms.

## Information to deliver safe care and treatment

- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the service's patient record system and their intranet system. This included investigation and test results and health assessment reports.
- National safety alerts were disseminated by the regional clinical leads through a centralised system. The provider operated a system which monitored each alert received and action taken. All appropriate managers were required to action tasks indicating that they had reviewed the alerts and to provide detail of any actions taken. This system was closely monitored to ensure compliance. Records of alerts that were not applicable to their service were also maintained as good practice.

- Staff were aware of when an urgent referral based on clinical findings may be necessary and understood the process for ensuring patients received such care.

## Safe and appropriate use of medicines

There were no medicines held on the premises, with the exception of emergency medicines for use in a medical emergency. There was no prescribing carried out at this location.

## Track record on safety

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed safety using information from a range of sources. A system was in place for recording, reporting and investigating serious events. Although there had been no serious events recorded over the past 12 months, staff we spoke with told us they would feel confident to raise any events or concerns. A system was also in place for reporting general incidents through the organisation's quality assurance process. We saw that lessons learnt were also shared through formal meetings, newsletters and during staff one to ones where relevant.

## Lessons learned and improvements made

- The service had systems in place to support compliance with the requirements of the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Staff told us the provider encouraged a culture of openness and honesty and that they would feel confident to report incidents or concerns.
- In addition, there was evidence of shared learning from services in the wider organisation whereby significant events, changes to clinical guidelines and results from regulatory inspections were reflected on through the corporate newsletter.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- We saw no evidence of discrimination when making care and treatment decisions.
- There was a system for ensuring new evidence-based guidance was incorporated into practice. The Regional Clinical Leads disseminated relevant information on a regular basis. There was a comprehensive training programme for clinicians which included updates and learning on the most current guidelines and best practice.

### Monitoring care and treatment

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

- Key performance indicators were in place for monitoring various aspects of quality including report turnaround times for patients, timeliness of pathology results and patient satisfaction rates.
- The service also monitored adherence to best practice infection control standards, maintenance of staff recruitment records and staff training; this helped to ensure that recruitment standards and training needs were effectively managed as part of a continuous monitoring process.
- These indicators were formally reported through a quarterly scorecard process. This provided a dashboard for services to monitor their performance against standards, as well as other services across the organisation. We viewed scorecard reports during our inspection and found that the service was meeting standards in all areas and was performing above average in several areas, when compared to other similar clinics within the provider organisation.

- The provider also required the service to undertake a facilities audit which aligned to the CQC key lines of enquiry and the regulations established in the Health and Social Care Act 2008 to ensure compliance with the fundamental standards of care.

There was evidence of quality improvement and we saw examples of audits which were used to drive service improvement. For example, we saw records of an audit that had reviewed the referral information. The first cycle of the audit identified that improvements needed to be made. As a result, a concierge referral template was designed. A second cycle audit demonstrated improvement across all eight parameters reviewed. Clinical staff described processes for ensuring that best practice was shared across the organisation through direct discussion, newsletters and emails.

### Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out health assessment tests and screening.
- There was an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All staff were subject to a three-month probation period.
- The provider facilitated a comprehensive training programme for staff which incorporated internal, external and accredited programmes. Investment in staff training was extensive and staff we spoke with stated that they felt valued by the organisation and were encouraged to upskill and develop their careers where possible. Up to date records of skills, qualifications and training were maintained.
- The provider organisation had allocated training budgets in place to ensure that staff training and education remained a priority. The provider organisation funded training for all physiologists recruited by the service, this enabled them to work towards a BTEC Level 7 Masters Diploma in Health and Wellbeing (completed over 18 months). Competencies of clinical staff were routinely assessed. Examples of training included physiologist training on areas such as

# Are services effective?

## (for example, treatment is effective)

hypertension, obesity, clinical governance and auditing. Clinical training was governed by the providers regional clinical leads. Doctors were also provided with five paid study days each year.

- Staff performance was well monitored and there was a performance monitoring system available on the services intranet system so that managers and staff had input and oversight of this. Staff received regular one to ones and annual appraisals.
- Doctors were up to date with their appraisals and the service had an online toolkit for doctors to use to collate information as part of the appraisal process. In addition, clinical staff received regular clinical supervision from the organisations regional clinical leads; this included regular observation and completion of training and competency programmes.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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

When a patient contacted the clinic, they were asked if the details of their consultation could be shared with their registered GP and we saw that patient consent was sought and documented in line with this process. When a patient needed referring for further examination, tests or treatments they were directed to an appropriate service either within Nuffield Health or the NHS or to another independent health provider if the patient preferred. Referrals were managed by a central referral management team to ensure consistency. Staff knew how to make an urgent referral when needed.

The service offered onsite testing for various testing and screening procedures such as FBC tests (full blood count), kidney function, cholesterol tests, FOB tests (faecal occult blood) tests for bowel cancer screening and blood glucose testing. There were adequate arrangements in place for laboratory tests as well as for transporting samples for any offsite testing. During our inspection we saw that the service had a comprehensive programme of internal and external quality control systems in place to support this service.

There was a process to ensure that all test results were received and reviewed in a timely manner. There was a 10-working day turnaround time for the completion of health assessment reports, this acted as an additional failsafe mechanism to ensure that results were received

and reviewed for each test carried out. Any delays in report production were communicated to patients. The service also operated effective monitoring of this through ongoing quality assurance reports, monthly key performance indicator (KPI) adherence and quarterly scorecard processes. Test results were communicated to patients through written reports and telephone calls were also made to patients where needed, we saw that these were also recorded on the patient record system.

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

The services provided focused on preventative health and the overall aims and objectives of the service were to support patients to live healthier lives. This was done through a process of health assessments and screening. Staff were trained in providing motivational and emotional support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.

Patients could choose from a range of health assessment options which included lifestyle assessments, female assessments and an option of two comprehensive health assessments. The assessments included tailored lifestyle, medical and non-invasive tests. The clinic also provided gym members and health assessment patients access to a qualified cognitive behavioural therapist once a week.

As a result of an assessment, patients were provided with a detailed report covering the findings of their assessment and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices. All patients undertaking a health assessment received a 10-day gym membership following the assessment.

The service hosted quarterly 'meet the health expert' events – a health promotion day which was developed to improve awareness and education on a variety of health topics. We saw that there was an event on arthritis scheduled to take place in October. The promotional days were open to all members of the public.

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

- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent was monitored through patient records audits.



# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Mental capacity training formed part of the services induction and ongoing training programme.
- In addition to conversations about care and treatment options, we saw that patients were provided with written information to take away with regards to any care and treatment they were receiving.
- There was clear information available with regards to the services provided and the cost of these.

# Are services caring?

## Our findings

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

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

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

The feedback we received about patient experience of the service was positive. We made CQC comment cards available for patients to complete prior to the inspection visit. We received seven completed comment cards, all of which were very positive and indicated that patients were treated with kindness and respect.

Staff we spoke with demonstrated a patient-centred approach to their work which reflected the feedback we received in the CQC comment cards.

Following consultations, patients were sent a survey form requesting their feedback on the service. The feedback was collated and reviewed monthly against target scores and where necessary remedial action was taken. We were shown the results of feedback received in March 2018 which showed that all patients seen scored the service positively for overall satisfaction with the service and care received by the doctors and physiologists.

The service enjoyed strong links with the community, working in partnership with local businesses to promote staff wellbeing. The centre also supported patients at Great Ormond Street Hospital suffering from cystic fibrosis. These patients received support from specially trained fitness

coaches in an effort to improve their health and wellbeing. The service also supported and promoted a locality Amkers scheme which was a GP referral programme for tackling obesity in adults. Through the scheme GPs could refer patients to the fitness centre for a reduced fee for four weeks and a session with a personal trainer.

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

Patients were provided with a report recording the results of their consultation, assessment and screening procedures. This identified areas where they could improve their overall health, for example by lifestyle changes. Any referrals to other services, including to their own GP, or to secondary healthcare providers, were discussed with patients and their consent was sought to refer them on. All staff had been provided with training in equality, diversity and inclusion.

### **Privacy and Dignity**

The provider respected and promoted patients' privacy and dignity and this was demonstrated through adoption of policies and procedures at local level within the clinic. Staff recognised the importance of patients' dignity and respect and the service complied with the Data Protection Act 1998. All confidential information was stored securely on computers. We saw that all staff were up-to-date with information governance training.

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations so that conversations taking place inside could not be overheard.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

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

The clinic offered a range of health assessments for patients. There was a small on-site

pathology laboratory, which was able to provide same day test results. Most results were processed straight away and were available during the patient's assessment visit, which enabled them to be reviewed and discussed with the doctor.

Appointments were managed through a centralised booking centre either over the telephone or online. Requests for male or female doctors or physiologists could be made upon booking and the provider ensured that requests were fulfilled by pooling staff from other sites when needed. In addition, patients could choose from a selection of the other Health and Wellbeing Centres to suit their geographical needs.

Discussions with staff showed that the service was person-centred and flexible to accommodate patient needs. Patients received personalised reports that were tailored to their needs. They were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices. We were shown new assessment tools that were being developed to enable patients to choose a tailored health assessment in the future. For example, patients could choose to focus on a particular concern or health risk and the assessments would be tailored as needed.

The premises were accessible and had facilities for patients with physical disabilities. The service was able to access translation services if needed. A hearing loop was available for patients with impaired hearing. There was a lift and staff guided patients to the clinic to ensure they were able to locate it with ease.

### **Timely access to the service**

Health assessments were available for booking from 8.30am to 4.30pm Monday to Wednesday and 8am to 4pm on Thursdays and Fridays. Patients were able to arrange appointments with ease, with flexibility on times and days available.

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

There was a lead member of staff for managing complaints and all complaints were reported through the organisation's quality assurance system. The service had a complaints policy in place and information about how to make a complaint was available for patients. The complaints information detailed that complainants could refer their complaint to the Independent Health Care

Advisory Service if they were not happy with how their complaint had been managed or with the outcome of their complaint.

One complaint had been made during the last 12 months. We saw that this complaint was still being investigated by the regional clinical lead at the time of our inspection. Complainants were provided with a timely response. Complaints were discussed with staff during one to ones and group meetings where appropriate, in addition we saw that learning and any themes from complaints were shared with staff on a local level and across the wider organisations through the use of meetings and newsletters.

# Are services well-led?

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

## Our findings

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

### **Leadership capacity and capability;**

The service was part of the Nuffield Health UK health organisation, which runs a network of hospitals, medical clinical, diagnostic units and fitness and wellbeing clubs across the UK. Nuffield Health UK is a not for profit organisation.

The organisation was managed by a board of governors with various responsibilities including strategy plans, monitoring group performance, overseeing risk management and setting the groups values. Day to day executive authority was delegated by the governors, to the Group Chief Executive.

At a local level, we found there was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Clinic managers were visible in the service and conversations with clinical staff indicated that they had frequent engagement with and access to their regional clinical lead. Staff we spoke with told us management were approachable and always took the time to listen to them and offer support where possible. Staff were provided with good training opportunities linked to their roles, responsibilities and professional development goals.

### **Vision and strategy**

The organisation had a comprehensive set of values and behaviours, these were filtered through to staff in various roles at local levels and staff we spoke with demonstrated that they promoted the organisational values through their day to day roles. Values centred around the acronym 'CARE' which represented being connected, aspirational, responsive and ethical in order to achieve quality patient outcomes with sustainable results. During our inspection we saw that staff could access the organisations values and behaviours through a corporate electronic handbook. Staff we spoke with were proud of the organisation's values and felt that they were demonstrated in their daily work and were embedded in their behaviours.

### **Culture**

The leadership, governance and culture was used to drive and improve the delivery of high-quality person-centred care. Staff expressed pride in the working for the organisation and were complimentary of the management structure during our inspection.

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

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

There were positive relationships between the clinic staff as well as within the fitness and wellbeing centre. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

Staff were provided with a corporate benefits package which included a range of free health assessments, free gym membership, staff vouchers, a funded training package and discount to family and friends on various services provided by the organisation.

### **Governance arrangements**

There was a clear organisational structure which reflected both corporate and local level staffing structures. Staff were aware of their roles and responsibilities. There was an organisational quality and safety committee which had oversight of any matters relating to the safety and quality of the service.

A range of service-specific policies and procedures were in place to govern activity. These were available to all staff via the shared computer system and were reviewed regularly and updated when necessary. When policies were revised, staff were informed through their employee portal and were required to confirm they had read them.

# Are services well-led?

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

The provider held regular meetings including staff and clinical meetings; minutes from meetings were distributed to all staff, who were required to confirm they had been read. We saw that minutes of some meetings were also aligned to the CQC key lines of enquiry where safety, effectiveness, caring, responsiveness and well-led areas were discussed so that the service could internally review these areas on an ongoing basis.

Systems were in place to monitor both the quality of the service and to support staff at all levels. This included having a system of key performance indicators, carrying out regular audits, risk assessments and quality checks and actively seeking feedback from patients.

## Managing risks, issues and performance

- There were clear and effective processes for managing risks, patient safety and service performance; these were effectively filtered through to staff and well embedded at a local level.
- Risk assessments we viewed were comprehensive and had been reviewed within the last 12 months. There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor service performance and quality. The service used a dashboard scorecard system to monitor their performance against key performance indicators (KPIs), best practice standards and effective risk management.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action taken to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## 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 provider 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 provider used information technology systems to monitor and improve the quality of care. We were told of plans to invest further in IT systems to improve user experience and efficiency.
- The centre submitted data or notifications to the provider organisation 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

Patients were actively encouraged to provide feedback on the service they received. This included a facility to submit comments on the provider's website. Following health assessments, patients were asked to complete a survey about the service they had received. This was continuously

monitored and action would be taken where feedback indicated that the quality of the service could be improved. For example, following negative feedback on the digital systems for both staff and patients the provider had invested in new technology to improve patient and staff experience when using digital systems.

There were consistently high levels of constructive staff engagement and there were high levels of staff satisfaction rates. Staff satisfaction was frequently sought through surveys, one to ones and during appraisals. Staff were encouraged to give feedback and share ideas, as well as concerns.

Staff morale was monitored through a scoring system which staff could contribute to each month; referred to as a leadership MOT. This was monitored by management and reflected on during staff meetings so that improvements could be made where needed.

## Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys. The role of the physiologists was innovative and continuously developing in light of changing health needs.

# Are services well-led?

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

We were informed by the management team that the provider organisation was working to improve the information technology (IT) system used within the organisation to enable more effective working.

We were also told of plans to introduce and develop specific tailored health assessments in the future, for

example, for service users with diabetes or those with stress related conditions. At the time of our inspection the service was being rolled out to corporate clients with a view to expand to private individuals in the future.