

Nuffield Health

Nuffield Health Stoke Poges Fitness and Wellbeing Centre

Inspection report

Wexham Street
Stoke Poges
Slough
SL3 6NB
Tel: 01753 633666
Website: www.nuffieldhealth.com/gyms/stoke-poges

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Overall summary

We carried out an announced comprehensive inspection at Nuffield Health Stoke Poges Fitness and Wellbeing Centre on 28 February 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 Stoke Poges Fitness and Wellbeing Centre is part of Nuffield Health, a not-for-profit healthcare provider and provides health assessments that include a range of screening processes. Following the assessment and screening process, clients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning.

The health assessment clinic is based within the grounds of the fitness centre. Clients seen in the clinic are either private clients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided to adults privately and are not commissioned by the NHS.

Summary of findings

The service 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, physiotherapy and lifestyle coaching do not fall within the regulated activities for which the location is registered with CQC.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection. We received 27 completed comment cards which were all positive about the standard of care they received. The service was described as excellent, professional, helpful and caring. Further client comments stated they found the assessments informative, interactive and handled with great sensitivity.

Our key findings were:

- A range of health assessments were offered on a private, fee paying basis to adults only.
- The clinic had 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 clients' needs and delivered care in line with current evidence based guidance.
- Clients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Feedback from clients about the care and treatment they received was positive.
- The service encouraged and acted on feedback from both clients and staff. Client survey information we reviewed showed that people who used the service had given positive feedback about their experience.
- The health assessment clinic had a clear vision to provide a safe and high quality service, this aligned to the wider Nuffield Health vision and values.
- 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.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The clinic had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- Clinical staff had received safeguarding training and all staff had access to local authority information if safeguarding referrals were necessary.
- Risks to clients were assessed and well managed.
- There was no prescribing of medicines and no medicines were held on the premises with the exception of medicines to deal with a medical emergency.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of clients and staff members.
- The provider was aware of the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty.

Are services effective?

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

- Clients' needs were assessed and care was planned and delivered in line with best practice guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Clients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported clients to be involved in monitoring and managing their health.
- The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Are services caring?

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

- We did not speak to clients directly on the day of the inspection. However, we reviewed the latest in-house survey information. This showed that clients were happy with the care and treatment they had received.
- We reviewed 27 complete Care Quality Commission comment cards and these contained very positive feedback about people's experiences of the service including; consultations, the quality of treatment, the environment, and the conduct and helpfulness of staff.
- Staff we spoke with demonstrated a person centred approach to their work.
- Information to clients was available in relation to the different levels of health checks available which included the cost, prior to the appointment.

Summary of findings

- Staff had been provided with training in equality, diversity and inclusion.

Are services responsive to people's needs?

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

- The clinic was responsive to client's needs, if required they could contact individual doctors to further discuss results of their health assessment.
- There was information available to clients to demonstrate how the service operated.
- All forums for client feedback were closely monitored and responded to
- Feedback from clients was that appointment availability was good and that they had received timely results and treatments.
- Information about how to complain was readily available to clients. The provider responded quickly to issues raised and made improvements in response to complaints and other client feedback.

Are services well-led?

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

- The provider had a vision and strategy to deliver high quality care and promote good outcomes for clients. Staff were clear about their responsibilities in relation to this.
- There were good systems in place to govern the clinic and support the provision of good quality care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Systems were in place to ensure that all client information was stored securely and kept confidential.
- There was a focus on continuous learning, development and improvement linked to improving outcomes for clients.

Nuffield Health Stoke Poges Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

Nuffield Health Stoke Poges Fitness and Wellbeing Centre is registered with the Care Quality Commission (CQC) to provide the following regulated activities:

- Diagnostic and screening
- Treatment of disease, disorder and injury

Nuffield Health Stoke Poges Fitness and Wellbeing Centre is part of Nuffield Health a not-for-profit healthcare provider. The clinic provides a variety of health assessment for both corporate and private clients (adults only) carried out by a physiologist and a doctor. The clinic aims to provide a comprehensive picture of an individual's health, covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing.

Following the assessment and screening process clients undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. Clients are provided with a comprehensive report detailing the findings of the assessment. The reports include advice and guidance on how the client can improve their health and they include information to support clients to live healthier lifestyles. Health assessment clients are also provided with a free 30-day pass for the fitness centre.

Health assessments are categorised and promoted as:

- A lifestyle health assessment, for clients wanting to reduce health risks.
- A female assessment, for all aspects of female health (including cervical smear testing).

- A 360 health assessment which included a review of diabetes and heart health risks.
- A 360+ health assessment which focussed on cardiovascular health.

The clinic can also refer clients to an on-site nutritionist and physiotherapist. These services were not inspected as part of this inspection.

The clinic address is:

- Nuffield Health Stoke Poges Fitness and Wellbeing Centre, Wexham Street, Stoke Poges, Slough, SL3 6NB

The core opening hours for health assessments at the clinic are Monday to Friday 8.30am-4.30pm. In addition, clients can choose to be seen at one of the other nearby or wider health and wellbeing centres in the UK.

Health assessments are delivered by a small team in a purpose built clinic located within the health and wellbeing centre. The staff team at the clinic consists of a clinic manager who is also a physiologist, a health assessment doctor and another physiologist. A physiologist is a graduate in exercise, nutrition and health sciences, and are full professional members of the Royal Society for Public Health (RSPH). They are trained to carry out health assessments, give advice and motivate lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management.

At the time of our inspection, both the Clinic Manager and General Manager were joint registered managers. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they

Detailed findings

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.

How we inspected this service

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and asked the provider to send us information about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and procedures.
- Spoke with a range of staff, including the general manager, the clinic manager (also a physiologist), a doctor, a physiologist and a duty manager.
- Made observations of the environment and infection control measures.

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

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

To get to the heart of clients' 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.

Why we inspected this service

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.

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 provider had clearly defined and embedded systems, processes and practices in place to keep clients safe.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a person's welfare. This included designated local, regional and corporate safeguarding teams and contact details for both vulnerable adults and children.
- All staff were supported in their safeguarding decision making by regional and corporate safeguarding teams. Staff were required to complete annual safeguarding training. The general manager was trained to level three child safeguarding and was the local safeguarding lead, although they were not directly involved in clinic services with clients.
- The doctor and physiologists were trained to level one for child safeguarding. Nuffield Health had reviewed safeguarding guidance and the activities provided at a corporate level and deemed this lower level of training was appropriate. The reason behind this was given as health assessments were only available for adults aged over 18 and potential child safeguarding concerns could be supported by local and regional safeguarding leads and on site accredited trained practitioners. When we spoke with staff during the inspection, all staff we spoke with were confident in discussing safeguarding at a high level and comprehensively demonstrated they understood their responsibilities regarding safeguarding.
- The premises were suitable for the service provided. There was a designated member of staff who managed the premises including managing the systems and procedures in place for monitoring and managing risks to client and staff safety. There was a range of health and safety related policies and procedures that were available to staff and kept under regular review. The provider had up to risk assessments for many areas of work and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were regularly checked to ensure they were working properly.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- A chaperone service was available and we saw notices informing clients of this. All staff who acted as a chaperone had been trained and received a DBS check prior to commencing the role. The doctor had recently audited their use of chaperones.
- All staff received induction training and regular refresher training in topics such as; health and safety, fire safety, infection control, basic life support and safeguarding. Regional clinical leads were available to offer support for doctor revalidation.
- The clinic maintained appropriate standards of cleanliness and hygiene. There was an effective system to manage infection prevention and control. Daily checks were completed in each assessment room for cleanliness which included equipment. We saw the laboratory, where the testing took place, had its own programme for cleaning and monitoring for infection control. The clinic had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. Systems were in place to ensure clinical waste was appropriately disposed of. These systems were monitored through the completion of monthly clinical waste audits.
- The clinic had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to clients

There was enough staff, including clinical staff, to meet demand for the service. The clinic had recently completed the recruitment process for another doctor to join the

Are services safe?

team. The clinic had access to locum doctors to provide cover and provided a comprehensive induction for temporary staff. There were suitable indemnity arrangements for staff working in the clinic.

Clinic staff from across the organisation could be asked to work in another location to cover absence which was organised and overseen by the centralised Nuffield Health team.

There were processes in place for managing test results and a central referrals team dealt with any required referrals to other services following consultation with the clients.

The clinic had arrangements in place to respond to emergencies and major incidents. For example:

- All staff had completed training in emergency resuscitation and life support which was updated yearly.
- There was an alarm pull cord in all the health assessment rooms which alerted staff to any emergency.
- The clinic had suitable emergency resuscitation equipment including an automatic external defibrillator (AED) and oxygen.
- Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. Medicines were checked on a regular basis.
- Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- Risk assessments had been carried out to identify areas of risk to clients and to ensure appropriate control measures were in place. Quality assurance protocols were in place and a variety of checks were carried out at regular intervals. These were recorded and formed part of a wider quality assurance process overseen by the provider.

Information to deliver safe care and treatment

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

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's record system and their intranet system. This included investigation and test results, health assessment reports and advice and treatment plans.
- Clients arranged health assessments through the Nuffield Health website or telephoning a dedicated telephone number. Clients then completed a full health assessment questionnaire before attending their assessment.
- When a client arrived for their assessment, they were asked for their name and date of birth to confirm these details correlated with the original contact information supplied.
- Most assessments results were available during the assessment and could be discussed in full with the client. Referrals could be made where necessary either to specialists or with the clients own NHS GP. Referral letters included all of the necessary information. Clients received a full report of their assessment with all test results. We reviewed an anonymised report and found it contained relevant information recorded in a clear and structured way.
- Assessments were recorded on the clinics electronic system. We found the electronic record system was only accessible for staff with delegated authority which protected confidentiality. There was off site record back up system.

Safe and appropriate use of medicines

There were no medicines held on the premises (other than emergency medicines). There was no prescribing carried out at this location. If a health concern was identified as part of the assessment and screening process clients were referred on to other services for clinical input. These referrals were managed by a central team referred to as the 'Concierge team'.

Track record on safety

The clinic had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The clinic monitored and reviewed activity on a regular basis. Activity reports were produced in order to reflect

Are services safe?

on the findings. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw these were discussed at local, regional and national meetings.

- There was a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA). For example, we saw the clinic actioned an alert which highlighted a concern relating to a batch of vacutainer blood collection tubes used within the health assessments. The alert highlighted a batch of vacutainer tubes may contain the incorrect additive which would potentially destabilise and the blood specimen prior to analytical testing.
- All pathology results were reviewed by the attending doctor and an accredited biomedical scientist with follow-up action appropriately taken.

Lessons learned and improvements made

There was a web-based incident reporting, client safety and risk management system in place for reporting incidents. This aligned to Nuffield Health's quality assurance process. The reporting system highlighted individual concerns and the coding function within the system could analysis incident trends or patterns.

- All staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We saw incidents were investigated and where any changes to practice were required these were logged and tracked on a quality improvement plan. The provider had a Quality and Safety Committee for oversight of all reported incidents.
- One of the recent incidents we reviewed was an investigation into a side effect following pre-assessment venepuncture. Venepuncture is the collection of blood from a vein, often done for laboratory testing. The clinic investigated the incident and saw the correct technique had been used. The side effect was reported as a rare side effect. Although no learning was required following this investigation, updated venepuncture guidance was disseminated across all Fitness and Wellbeing Centre's as a refresher to all assessment clinic staff.
- Policies and procedures were in place to support the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty and that they felt confident to report incidents or concerns.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective assessment and treatment

Clients completed an online self-assessment document which requested medical history information and included client consent. The online self-assessment created an individual confidential portal for each client where they could access their health assessment and results.

- The assessment and screening process was monitored using information from a range of sources. The doctor we spoke with described how they assessed clients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE) evidence based practice. Furthermore, we saw the clinic used the NICE guidance for exercise electrocardiograms (ECG). An ECG is a test that can be used to check the rhythm and electrical activity of the heart.
- The clinic had systems in place to keep all clinical staff up to date with new guidance. Staff had access to best practice guidelines and used this information to deliver care and treatment that met client's needs. There were arrangements to monitor that these guidelines were adhered to through routine audits of records.
- When a client needed referring for further examination, tests or treatments they were directed to an appropriate agency by a centrally managed referrals team.

Monitoring care and treatment

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

- Key performance indicators were in place for monitoring care and treatment and the quality of consultations with clients was monitored through observed practice, known as shadowed sessions. The outcome of the observations was used to inform the annual performance review for staff and for the formation of individual training plans.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and clients' outcomes. We reviewed a range of audits including quality audits, a point of care testing audit (an audit which included reviewing the maintenance of equipment and ensuring results were recorded onto the electronic system), an in-house unannounced internal inspection report and a back catalogue of monthly quality assurance audits.
- As well as regular performance audits the clinic undertook, a yearly audit to ensure the service met the regulatory requirements of the Care Quality Commission.

Effective staffing

We found staff had the skills, knowledge and experience to deliver effective care and treatment.

- The clinic had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was also additional corporate training which provided staff with training on Nuffield Health processes to manage consent, mental capacity, managing stress and business ethics.
- Doctors were required to undertake this and additional induction and clinical related training. All new staff underwent a probationary period and range of competency checks and their induction was formerly documented.
- We reviewed the in house training system and found staff had access to a variety of training. This system was a matrix managed by the clinic manager, we saw this matrix identified the training staff had undergone and when training was due. This included e-learning training modules and in-house training. Staff were required to undertake mandatory training and this was monitored to ensure staff were up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. One member of staff we spoke highlighted a recent completed training session which focused on hidden harm. Hidden harm is implicit in the work of safeguarding and included elements of modern slavery and hidden slaves.
- Staff learning needs were identified through a system of meetings and appraisal which were linked to

Are services effective?

(for example, treatment is effective)

organisational development needs. Staff were supported through one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

- We saw a clear staffing structure that included senior staff and regional clinical leads to support staff in all aspects of their role including training and development.
- Many clinic staff worked regularly in other locations within the Nuffield Health organisation and were able to share experiences and learning across sites and promote best practice.

Coordinating care and information sharing

The clinic shared relevant information with the client's permission with other services.

- When a client contacted the service they were asked if the details of their consultation could be shared with their registered GP. If clients agreed we were told that a letter was sent to their registered GP in line with GMC guidance.
- Nuffield Health had a designated team known as the concierge team which guided clients through the process of accessing secondary care, specifically this team made referrals to other services following consultation with the client. All referrals were followed up to ensure the client had been seen by any other services they had been referred to.
- We saw all clinical samples sent for testing externally were coded on the computer system. The system recognised if a result had not been received back through barcode recognition. This alerted the clinic staff to missing results so they could act promptly.

Supporting clients to live healthier lives

The aims and objectives of the service were to support clients to live healthier lives.

- This was achieved through a process of assessment and screening and the provision of individually tailored advice and support to assist clients. Each client was provided with a detailed report covering the findings of their assessments and recommendations for how to reduce the risk of ill health and improve their health

through healthy lifestyle choices. Reports also included fact sheets and links to direct clients to more detailed information on aspects of their health and lifestyle should they require this.

- Through discussions with staff we saw the service encouraged and supported clients to become involved in monitoring and managing their health and discussed the care proposed or treatment options with clients as necessary. Staff were trained in providing motivational and emotional support to clients in an aim to support them to make healthier lifestyle choices and improve their health outcomes. Where appropriate this included sharing information about other services provided by Nuffield Health, NHS GPs and other services in the local area.
- The main Nuffield Health website contained a wide variety of information which supported clients to live healthier lives. For example, we saw information was available about lifestyle management, women's health, men's health, cancer, weight loss and emotional wellbeing.
- Every three months the Fitness and Wellbeing Centre including health assessment clinic held health promotion events with in-house clinical experts to raise awareness of health conditions and promote good health. These events were known as MOE events, which stood for 'Meet our Experts'. For example, we saw information of a recent family health MOE; this well attended event included an interactive discussion on healthy eating and highlighted the importance of reducing sugar intake.

Consent to care and treatment

We found staff sought clients consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that all staff had received training on the Mental Capacity Act 2005, at three yearly intervals. The clinic did not provide services for children and young people. We saw the clinic obtained written consent before undertaking procedures and specifically for sharing information with outside agencies such as the client's GP.

Are services effective?

(for example, treatment is effective)

- The service displayed full, clear and detailed information about the cost of consultations and assessments, including tests and further appointments. This was displayed on the website, in the reception area and was included in all client literature information packs. This information clearly outlined what was and what wasn't included in the treatment costs. For example, the differences between a 360+ health assessment (a health assessment which focussed on cardiovascular health) and a lifestyle health assessment (an assessment, for clients wanting to reduce health risks).

Are services caring?

Our findings

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

Kindness, respect and compassion

During our inspection we observed a relaxed and friendly atmosphere at the service and members of staff were courteous and helpful to clients whilst treating them with dignity and respect.

- All feedback we saw about client experience of the service was positive.
- As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by clients prior to our inspection. We received 27 completed comment cards which were all positive about the standard of care they received. The service was described as excellent, professional, helpful and caring. Many client comments received highlighted the clinic staff had supported them to make healthier lifestyle choices and improve their health outcomes.
- At the end of every consultation, clients were sent an online survey asking for their feedback. Clients that responded indicated they were satisfied with the service they had received. This survey also included options to allow clients to rate the service using a tool similar to the NHS Friends and Family Test. A national test created to help service providers and commissioners understand whether their clients were happy with the service provided, or where improvements were needed. The most recent survey data was from December 2017, which indicated 80% of clients would recommend the service; this was an improvement on the two previous months (77% in November 2017 and 66% in October 2017).
- Staff we spoke with demonstrated a client centred approach with the aim of assisting clients to live healthier lives. This endeavour was reflected in the feedback we received in CQC comment cards and through the provider's client feedback results.

Involvement in decisions about care and treatment

Clients were involved in all aspects of the care and treatment provided.

- They could decide on the health assessment they wanted and the service provided information on the different assessments and their costs. After the assessment all clients were provided with a report covering the results of the assessment and screening procedures and identifying areas where they could improve their health by lifestyle changes.
- Reports used a number of different indicators to demonstrate assessment results and treatment options. This included display charts, pictures and leaflets to show the different treatment options involved so that clients fully understood. Clients were encouraged to set and achieve specific and realistic objectives to address results from their assessment. Any referrals to other services, including to their own GP, were discussed with clients and their consent was sought to refer them on.
- Information could be provided in a range of alternative formats and interpreter services were provided as required.

Privacy and Dignity

The clinic respected and promoted clients' privacy and dignity.

- Staff recognised the importance of clients' dignity and respect and the clinic complied with the Data Protection Act 1998. Both the general manager and clinic manager discussed the local and corporate changes and subsequent training in line with the implementation of the General Data Protection Regulation (GDPR) in May 2018.
- All confidential information was stored securely on computers.
- Curtains were provided in assessment rooms to maintain clients' privacy and dignity during examinations, investigations and treatments.
- Assessment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Appointments were coordinated and scheduled to avoid a busy reception area and strengthen existing privacy and dignity arrangements.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting clients' needs

Health assessments could be accessed in person by attending the service, through a telephone enquiry and via the website, www.nuffieldhealth.com.

- The clinic offered flexible opening hours and appointments to meet the needs of their clients.
- The clinic offered a range of health assessments for clients.
- The provider offered consultations to anyone over 18 who requested and paid the appropriate fee, and did not discriminate against any client group.
- The clinic offered same day pathology results and most of these were available during the client's assessment which could then be reviewed and discussed with the doctor.
- Clients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices. Staff reported the clinic ensured that adequate time was scheduled for client's assessments and for staff to complete the necessary administration work which followed.
- The facilities and premises were appropriate for the services delivered. Although the service had no wheelchair access, this was clearly described within the information literature and also highlighted by central booking team. We were told that in the circumstance of being unable to provide service to a wheelchair user, they would give details of an alternative local Nuffield centre with suitable access.
- Staff ensured that nutritional snacks were available to clients after they had tests which required fasting.
- All staff had been provided with training in equality, diversity and inclusion.

Timely access to the service

- Clients booked appointments through a central appointments management team.

- Appointments were available at varied times Monday to Friday and the length of appointment was specific to the client and their needs. This service is not required to offer an out of hour's service. Clients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services.
- We received written client feedback that was positive about the booking process. Clients received the majority of results of their assessment and screening within an hour of having undergone the assessments.

Listening and learning from concerns and complaints

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

- There was a lead member of staff for managing complaints and all complaints were reported through the web-based quality assurance system. This meant that any themes or trends could be identified and lessons learned from complaints could be shared across the organisation.
- There was a complaints policy in line with recognised guidance and provided staff with information about handling formal and informal complaints from clients. Information for clients about how to make a complaint was available in the clinic waiting area and on the clinic website. This included contact details of other agencies to contact if a client was not satisfied with the outcome of the investigation into their complaint.
- We reviewed the complaints system and also the system known as 'Contact Me' which was used to collect all client feedback. We saw an effective system in place which ensured there was a clear response with learning disseminated to staff about the event.
- We reviewed two complaints which had a similar theme regarding confusion in a client literature leaflet. We found the clients had been responded to and the complaints were satisfactorily handled in a timely way. Subsequently, the service had reviewed the literature and made an amendment to ensure the information was clearer.
- Complaints were discussed at staff meetings. Although there were few complaints received we did see evidence that they had been shared and discussed as part of a rolling agenda at staff meetings.

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 services in accordance with the relevant regulations.

Leadership capacity and capability

The service is provided by Nuffield Health and as such is part of a large organisation providing a range of healthcare services nationally. This provided a range of reporting mechanisms and quality assurance checks to ensure appropriate and high quality care.

Processes were in place to check on the suitability of and capability of staff in all roles. Staff in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with good training opportunities linked to their roles and responsibilities and professional development goals.

The clinic manager and general manager were active and ensured the health assessment clinic continued to operate at maximum efficiency. For example, a change of registered manager had been clarified and the appropriate paperwork submitted.

Vision and strategy

The provider had a clear vision to provide a high quality responsive service that put caring and client safety as a priority. A business plan was in place and key performance indicators were also in place linked to sustainability. There was a clear set of values, these values aligned to the wider Nuffield Health vision known as 'One Nuffield'. Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The culture of the service actively encouraged candour, openness and honesty. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process. The provider had a whistleblowing policy in place and staff had been provided with training in whistleblowing.

There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had been appraised in the last year. Staff told us the organisation supported them to maintain their clinical professional development through training and mentoring. The management of the clinic was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The organisation encouraged a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents.

Governance arrangements

Nuffield Health had been awarded ISO 9001 quality for their documentation and quality management systems. The ISO 9001 is a quality management and governance standard. This standard aligned to the clear provider led governance processes in place to identify and mitigate risk.

There was a range of service specific policies that were available to all staff. These were reviewed regularly and updated when necessary.

There was a range of processes in place to govern the service in all aspects of service delivery including the clinical aspects of the service. Due to a small team, there was a range of informal and formal meetings.

Systems were in place for monitoring the quality of the service and making improvements. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from clients.

A designated 'Quality and Safety Committee' had oversight of matters relating to the safety and quality of the service. A range of clinical leads had oversight of clinical aspects of the service.

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 client safety. Risk assessments we viewed were

Are services well-led?

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

comprehensive and had been reviewed. There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.

- The organisation had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

Systems were in place to ensure that all client information was stored and kept confidential.

There were policies and IT systems in place to protect the storage and use of all client information. Business contingency plans were in place which included minimising the risk of not being able to access or losing client data.

Engagement with clients, the public, staff and external partners

Clients were actively encouraged to provide feedback on the service they received.

- After their health assessments clients were asked to complete a survey about the service they had received. Feedback was monitored and action was taken if feedback indicated that the quality of the service could be improved. The provider's system for analysing client's feedback provided a breakdown of client's experience of staff in different roles.

- The clinic had also gathered feedback from staff through staff meetings, appraisals and discussion. This feedback was used to see potential areas in improving the quality and experience provided.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement at all levels within the service. Both the clinic manager and general manager told us that the provider and staff consistently sought ways to improve 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. Training for this role had been developed in line with recognition of changing health needs, changes to care pathways and the provision of holistic care and treatment.
- Nuffield Health were due to increase the range of assessments provided. Six new bespoke health assessments were due to launch. For example, a cancer awareness health assessment aligned to the national health priorities regarding cancer pathways.
- The provider was in the process of reviewing information technology systems across the organisation to improve the effectiveness of access to, and sharing of, client information. This aligned to the strategy aimed to create 'One Nuffield'.