

Nuffield Health

Nuffield Health Bromley Fitness and Wellbeing Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 10 July 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.

Background

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 Bromley Fitness and Wellbeing Centre provides health assessments that include a range of screening processes. Following the assessment and screening process, patients undergo a consultation with a GP to discuss the findings of the results and any recommended lifestyle changes or treatment planning. The service only saw patients aged 18 and above. In addition to the two GPs, there is a general manager, a clinic manager who is a physiologist, another physiologist, two physiotherapist and administrative staff supporting the health assessment service.

Health assessment services are provided three days a week and provide three levels of service (Lifestyle, 360 or 360+). They involve taking blood, urine analysis, full

Summary of findings

lifestyle, medical history, health assessments last from one to three hours. Most services are paid for by organisations for their staff, with occasional private patients.

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. There are some exemptions from regulation by CQC, which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, physiotherapy and lifestyle coaching do not fall within the regulated activities for which the location is registered with CQC. Therefore, at Nuffield Health Bromley Fitness and Wellbeing Centre, we were only able to inspect the services which were subject to regulation.

The general manager had submitted an application prior to the inspection to become 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.

The provider, which is Nuffield Health, is registered with the Care Quality Commission to provide services at Hayes Lane Bromley Kent BR2 9EF. Nuffield Health and Wellbeing Clinic is located within a health club in the London borough of Bromley, it is registered to conduct the following regulated activities under the Health and Social Care Act 2008: Treatment of disease, disorder and injury and Diagnostic and screening procedures.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards all of which were positive about the standard of care received. Patients feedback on their care and treatment described the care they received as being very good, helpful, engaging as well as praising clear explanations given.

Our key findings were:

- The service 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.
- There were systems and processes in place for reporting and recording significant events and sharing lessons to make sure action could be taken to improve safety in the practice.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patients' safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received was positive.
- patients were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients were treated 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.
- Systems were in place to protect personal information about patients.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There was an overarching provider vision and strategy and there was evidence of good local leadership within the service.
- The clinic was aware of and complied with the requirements of the Duty of Candour.

There were areas where the provider could make improvements and should:

- Review registration details so they are fully updated.

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 service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded from abuse.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- The service operated safe and effective recruitment procedures to ensure staff were suitable for their role.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- There were no medicines held on site with the exception of medicines to be used in the event of a medical emergency.
- We observed the premises and equipment to be visibly clean and tidy. There were adequate arrangements in place for the management of infection prevention and control.
- The provider had systems in place to support compliance with the requirements of the duty of candour.

Are services effective?

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

- The GP was aware of current evidence based guidance.
- Audits were completed to improve quality and review the care delivered to patients.
- Staff had the skills and knowledge to deliver effective care and treatment.
- All staff had appraisals with personal development plans and there was support available to develop their skills and understanding.
- The service 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 patients' needs.
- The service 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.

Are services caring?

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

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The provider had systems in place to engage with patients and seek feedback using a survey handed to all patients after their appointment, in addition to annual surveys.
- Staff we spoke with were aware of their responsibility to respect people's diversity and rights.
- The provider maintained patient and information confidentiality.
- Staff we spoke with demonstrated a patient centered approach to their work.

Are services responsive to people's needs?

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

- There was information available to patients regarding what services the service provided.

Summary of findings

- Patients had a choice of time and day when booking their appointment.
 - Information about how to complain was readily available to patients. We saw that complaints were appropriately investigated and responded to in a timely manner.
 - The service listened to suggestions from patients and acted accordingly.
 - Patients could contact the service in person, by telephone or by the service website.
 - Costs were clearly laid out and explained in detail before assessments or treatment commenced.
 - Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon, in line with the provider policy.
 - The service had good facilities and was well equipped to treat patients and meet their needs.
 - The service was in the process of updating the health assessments they provided so that they were more personalised for patients.
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Are services well-led?

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

- There was an overarching vision and strategy and there was evidence of good local leadership within the service.
 - There were clear leadership structure in place and staff felt supported by management.
 - Staff were encouraged to look after their health and wellbeing with free access to the gym network, and an annual health assessment.
 - There were systems and processes in place to govern activities.
 - Risks were assessed and managed.
 - There was a focus on continuous learning and improvement at all levels within the service.
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Nuffield Health Bromley Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

We carried out an announced visit to this service on 10 July 2018. Our inspection team was led by a CQC Lead Inspector and was supported by a GP Specialist Advisor. Prior to the inspection, we had asked for information from the provider regarding the service they provide.

During our visit we:

- Spoke with the general manager, clinic manager, an information security & quality systems manager, a GP and administrative staff.
- Reviewed the personal care or treatment records of patients.
- Reviewed six CQC comment cards where patients and members of the public share their views and experiences of the service'.

- Reviewed patient feedback from patients' surveys and online comments received.
- Reviewed documents and systems.

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 care in accordance with the relevant regulations.

Safety systems and processes

There were systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff had received training appropriate to their role (for example the lead GP had level three safeguarding) and all staff understood their responsibilities. Safeguarding procedures were documented, guidance was kept up to date with local contract numbers and staff were aware of the service lead.

- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All clinical staff who worked at the service had received a DBS check. The service had professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.
- Patients were advised that a chaperone was available if they required one. All chaperones had received a DBS check.
- There were effective recruitment procedures which ensured checks were carried out on permanent and locum staff members' identity, past conduct (through references) and, for clinical staff, qualifications and registration with the appropriate professional body.
- The service ensured the completion of infection control audits and we saw evidence of the latest one carried out in June 2018. This audit was conducted by an external company. Monthly infection prevention audits were also conducted by the general manager. The service had a cleaning schedule in place that covered all areas of the premises. We observed treatment rooms used by the service to be clean, had hand washing facilities and had appropriate measures for the disposal of clinical waste. Systems were in place to ensure that clinical waste was appropriately disposed.

- The service 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 patients

- The premises were suitable for the type of services 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 patients 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. For example, we viewed up to date risk assessments. We saw evidence that, fire safety equipment, electrical equipment and clinical equipment were regularly checked to ensure they were working properly.
- There were effective systems in place to manage referrals and test results. Although two GPs worked at the clinic, in case of their absence, there was a virtual network within the wider Nuffield Health organisation who monitored results and actioned them.
- There were arrangements in place to respond to emergencies and major incidents.
- Risks to patients (such as fire) had been assessed and actions taken to manage the risks identified.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Emergency medicines were easily accessible and staff knew of their location. Records showed that these medicines were checked regularly to ensure they were safe to use. The service kept a defibrillator and oxygen on site, both of which were regularly checked to ensure they were safe for use.

Information to deliver safe care and treatment

- There was an electronic booking and care record system, which had safeguards to ensure that patient information was held securely.
- There was a system in place to receive safety information and alerts issued by relevant government departments. These alerts were received by the designated member of staff for safety alerts at corporate level. The alerts were then disseminated to the General Manager at Bromley, who viewed all alerts and recorded if any action was required on the alert. If action was required, the General Manager gave the alert to the

Are services safe?

relevant person to action and asked that they inform the general manager when the action was completed. Once action was completed, the general manager recorded this using the centralised record management system.

- There was a system in place to check the identity of patients.

Safe and appropriate use of medicines

- Medicines stocked on the premises were stored appropriately and monitored.
- From the evidence seen, the GP prescribed and gave advice on medicines in line with legal requirements and current national guidance.
- Prescriptions were held in a safe place by the doctors and an audit of prescribing was done through auditing the service computer system.
- A majority of patients attended for health assessments, they were referred to consultants or their NHS GP for follow up as appropriate. The service did not prescribe high-risk medicines.

Track record on safety

- There was an effective system in place to report, share, investigate and record incidents. Staff were encouraged to report any concerns and complaints as significant

events and complete a form to initiate an investigation so all learning and changes could be applied. The provider shared changes across all sites and incidents were logged centrally to facilitate this.

- We saw that when an incident affected a patient, they received updates and responses in a timely manner and we saw evidence that during investigations duty of candour had been applied.
- A system was in place for the GP to receive safety alerts from organisations, such as the Medicines and Healthcare Products Regulatory Agency (MHRA), to enable alerts to be received and we saw evidence that the necessary action had been taken.

Lessons learned and improvements made

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

When there were unexpected or unintended safety incidents:

- We saw that the service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

We found the practice was providing effective care in line with the regulations.

Effective needs assessment, care and treatment

- The service told us that they had systems to keep clinical staff up to date with current evidence-based practice. We saw that the doctors assessed needs and delivered care and treatment, and this was in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The service clinical staff had access to a NICE newsletter which was compiled by the corporate clinical team at Nuffield Health. Clinical staff could also gain access to NICE guidelines through the service's intranet pages, where there was a dedicated NICE guidance page.
- The service had an on-site pathology laboratory, which allowed the service to conduct a range of comprehensive blood tests and were able to give patients their blood test results on the same day.

Monitoring care and treatment

- There were performance indicators in place for monitoring care and treatment, and the quality of consultations with patients was monitored through random sampling of clinical notes by the regional clinical lead.

Effective staffing

Evidence reviewed showed that clinical and non-clinical staff had the skills and knowledge to deliver effective care and treatment.

- The service 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 internal processes for job specific roles. We saw staff had undertaken internal courses such as diabetes prevention. We also saw a range of on line training that staff could access.

- The service provided staff with ongoing support. This including, one-to-one meetings, appraisals, coaching, and mentoring.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

- Patients attended the clinic for health assessments patients were asked if they were registered with an NHS GP and whether their GP could be contacted. If patients agreed, we were told that a letter was sent to their registered GP. The GP was aware of their responsibilities to share information under specific circumstances (where the patient or other people are at risk).
- We saw evidence the GP regularly reviewed test results received within one working day. Referrals to secondary care could be made on the same day as a health assessment.
- The service held regular internal multi-disciplinary team meetings where best practice and individual clinical cases were discussed.

Supporting patients to live healthier lives

The aims and objectives of the service were to provide the best treatment to patients to enable them to lead healthy lives.

- This was achieved through a process of assessment and screening and the provision of individually tailored advice and support to assist patients. Each patient was provided with a detailed report covering the findings of their assessments. Clinicians would discuss and give recommendations to patients following the results of the assessments, with a view to improving/maintaining their general health and well-being.

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- For patients whose costs were not being paid by their employer, costs were clearly laid out and explained in detail before assessments and treatment commenced.

Are services caring?

Our findings

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

Kindness, respect and compassion

- All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received six completed comment cards all of which were positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was of high quality and attentive in a very clean environment. Cards also stated that staff made them feel relaxed and comfortable, were caring, professional, and treated them with dignity and respect.
- Following consultations, patients were sent a survey asking for their feedback. During the month of June, 46 patients were invited to provide feedback, four completed feedback and indicated they were very satisfied with the service.
- Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

Involvement in decisions about care and treatment

- Patients 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. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on.
- There was a hearing loop and reception staff could support patients in its use.
- The service told us an interpreter service could be made available to patients who required one to understand what the service offered and to be fully involved in decisions concerning their care.

Privacy and Dignity

- Staff we spoke with during the inspection understood and respected people's privacy and dignity needs. The service had arrangements in place to provide a chaperone to patients who needed one during consultations.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Curtains were provided in consulting rooms to maintain privacy and dignity during examinations and treatments.

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

- Patients could contact the service in person, by telephone or by the service website.
- The service was designed to offer efficient access to health assessments and other services within the clinic such as physiotherapy.
- Staff members had received training in equality and diversity. Consultations were available to anyone in the area.
- Discussions with staff indicated the service was person centred and flexible to accommodate people's needs.
- The facilities and premises were appropriate for the services delivered. The clinic was based on the third of the centre. There was access for wheel-chair users.

Timely access to the service

- Consulting hours were Tuesday, Thursday and Fridays from 9.30am to 4.30pm

- Patients could book by telephone or e-mail or through the online portal.
- Longer appointments were available when patients needed them.

Listening and learning from concerns and complaints

- The service had a complaints policy which was in line with recognised guidance and provided staff with information about handling formal and informal complaints from patients.
- Information for patients about how to make a complaint was available in the waiting area of the service and on the services' website. We saw that information was available to help patients understand the complaints system. This included staff being able to signpost patients to the complaints process. Contact details of other agencies to approach if a patient was not satisfied with the outcome of the investigation into their complaint were also available.
- There was evidence of improvement in response to complaints and feedback, including training for staff, and updated policies. Staff received information about complaints at practice 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 care in accordance with the relevant regulations.

Leadership capacity and capability;

- There was a clear leadership and staffing structure, and staff were aware of their roles and responsibilities. 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 team had the experience, capacity and skills to deliver the service strategy and address risks to it.
- The service was in the process of re-applying for a registered manager. The clinic manager and the general manager were both visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

- The service had a clear vision to give their patients, customers and colleagues at the heart of everything that they did. The service had a business plan in place and used data collected from within the service to ensure that they were meeting identified performance indicators.
- Staff we spoke to were aware of and understood the vision of the service and their role in achieving the vision of the service.

Culture

The service had a supportive culture towards staff and patients.

- Staff told us they supported and valued the work each other did. The service had an open and transparent culture. Staff told us they were comfortable discussing matters of concern with each other. Staff we spoke to said they felt respected, supported and valued.
- The service focused on the needs of patients.
- Staff were empowered to look after their health and wellbeing with free access to the gym network, and an annual health assessment.

- Bromley Fitness and Wellbeing Centre also ran “Meet our Experts events” covering topics such as ‘Hip and Knee Health’ and ‘Weight Management’.
- The service also ran a Cystic Fibrosis programme linked with Great Ormond Street Hospital where children under 16 could use the gym with their parents.
- There were processes for providing all staff with the development they needed both locally and nationally. This included appraisal and career development conversations. All staff had received annual appraisals in the last year.
- All staff were considered valued members of the clinic team. They were given protected time for professional development.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between the clinic staff as well as within the fitness and wellbeing centre.

Governance arrangements

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

- There were processes and systems to support the governance of the practice.
- There were quarterly team meetings (covering training, governance, policy, health and safety, infection prevention, customer satisfaction, audits and actions). There were team plans and weekly head of departments meetings with the general manager and other managers.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There were clear and effective processes for managing risks, incidents and performance.

- The clinic had processes to manage current and future performance. The local and national management had oversight of incidents, and complaints.
- The service had plans in place and had trained staff for major incidents.

Are services well-led?

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

- The service had oversight of Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and incidents.
- There were a variety of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance of the service.
- There was an effective process to identify, understand, monitor and address current and future risks. Risk assessments we viewed were comprehensive and had been reviewed. There were a variety of checks to monitor the performance of the service.

Appropriate and accurate information

- The service had systems in place to ensure that all patient information was stored and kept confidential.
- There were policies and IT systems in place to protect the storage and use of all patient information. Business contingency plans were in place which included minimising the risk of not being able to access or losing patients data.

Engagement with patients, the public, staff and external partners

The service sought and used the views of patients and staff and used feedback to improve the quality of services.

- Both staff and patient feedback was used to improve services.
- Feedback from patients was requested by email two weeks after their last appointment and was mainly anonymous.
- Feedback was monitored and action was taken if feedback indicated that the quality of the service could be improved.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous development of both the quality and scope of the service.
- Staff told us that they were encouraged to consider and implement improvements.
- The organisation was looking at using new Case Management software from 2019.
- The organisation was working on making health assessments personalised for all patients.

The service told us they had organised charity events in the past and the next one scheduled was for October 2018 regarding patients with arthritis.