Nuffield Health

Nuffield Health and Wellbeing Centre Crabbet Lane Crawley

Inspection report

Crabbat Park,
Turners Hill Road,
Crawley,
West Sussex,
RH10 4ST
Tel: 020 8335 2900
Website: www.nuffieldhealth.com

Date of inspection visit: 30 January 2018
Date of publication: 26/02/2018

Overall summary

We carried out an announced comprehensive inspection on 30 January 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 and Wellbeing Centre Crabbet Lane Crawley is part of Nuffield Health, a not-for-profit healthcare provider. They provide health assessments that include a range of screening processes. Following an 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. The health assessment clinic is based within the fitness centre. Patients seen in the clinic are either private patients or employees of organisations

Summary of findings

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.

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.

We obtained 11 completed Care Quality Commission comment cards. Feedback was very positive about the service provided and the professionalism and friendliness of the staff.

Our key findings were:

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents
- The service was offered on a private, fee paying basis to adults only.
- Information about services and how to complain was available and easy to understand.
- All health assessment rooms were well organised and equipped.
- There were systems in place to check all equipment had been serviced regularly, including blood screening equipment.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed. For example, there were effective systems in place to reduce the risk and spread of infection.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- Staff were kind, caring, competent and put patients at their ease.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

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 systems, processes and risk assessments in place to keep staff and patients safe.
- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services.
- The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.
- The staffing levels were appropriate for the provision of care provided.
- We found the equipment and premises were well maintained with a planned programme of maintenance.
- 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.

Are services effective?

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

- 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.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported patients 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 patients directly on the day of the inspection. However, we received 11 comment cards. Comments showed that patients were happy with the care and treatment they had received.
- The service treated patients courteously and ensured that their dignity was respected.
- The service involved patients fully in decisions about their care and provided reports detailing the outcome of their health assessment.
- Information to patients was available in relation to the different levels of health checks available which included the cost, prior to the appointment.
- We found the staff we spoke to were knowledgeable and enthusiastic about their work.

Are services responsive to people's needs?

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

- The service was responsive to patient needs and patients could contact individual doctors to further discuss results of their health assessment.
- The service proactively asked for patient feedback and identified and resolved any concerns.
- There was an accessible complaints system. Information was available in both in the waiting area of the clinic and on the organisation's website.
- All forums for patient feedback were closely monitored and responded to.

Summary of findings

- The clinic had good facilities and was well equipped to meet the needs of the patient.
- The clinic was able to accommodate patients with a disability or impaired mobility. All patients were seen on the ground floor.

Are services well-led?

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

- The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment.
- The service had a suite of policies and systems and processes in place to identify and manage risks and to support good governance.
- Staff told us they felt well supported and could raise any concerns with the provider or the registered manager.
- The service actively engaged with staff and patients to support improvement and had a culture of learning.
- Regular staff meetings took place and these were recorded.
- There was a management structure in place and staff understood their responsibilities.
- The culture within the clinic was open and transparent.

Nuffield Health and Wellbeing Centre Crabbet Lane Crawley

Detailed findings

Background to this inspection

Nuffield Health and Wellbeing Centre Crabbet Lane Crawley 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). 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 patients undergo a consultation with a doctor to discuss the findings of the results and discuss any required treatment planning. Patients are provided with a comprehensive report detailing the findings of the assessment. The reports include advice and guidance on how the patient can improve their health and they include information to support patients to live healthier lifestyles. Health assessment clients are also provided with a free 30-day pass for the fitness centre. The clinic can also refer to an on-site nutritionist (1 day a week) and physiotherapist (5 days a week).

The clinic address is:-

Crabbat Park, Turners Hill Road, Crawley, West Sussex, RH10 4ST

The core opening hours for health assessments at the clinic are Monday, Tuesday and Friday 8am-5.30pm.

The staff team at the clinic consists of a clinic manager, two health assessment doctors covering three days a week and two physiologists. 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.

We carried out an announced comprehensive inspection at Nuffield Health on 30 January 2018. Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. Prior to the inspection we reviewed the last inspection report from September 2014, any notifications received, and the information provided from pre-inspection information request.

During our visit we:

- Spoke with the centre manager, a health assessment doctor and the clinic manager who is also trained as a physiologist.
- Looked at equipment and rooms used when providing health assessments.
- Reviewed records and documents.

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?

Detailed findings

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 practice had clear systems to keep patients safe and safeguarded from abuse.

The clinic conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. The clinic had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. The provider had an overarching lead professional as the safeguarding lead. The provider carried out staff checks on recruitment and on an ongoing basis, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken for all staff seeing clients. (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).

Information in the clinic waiting area advised patients that staff were available to act as chaperones. Staff who acted as chaperones were trained for the role and had received a DBS check.

There was an effective system to manage infection prevention and control. 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.

The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

Emergency medicines and equipment were easily accessible to staff in a secure area of the clinic and all staff knew of their location. The clinic had suitable emergency resuscitation equipment including an automatic external defibrillator (AED) and oxygen. The clinic also had medicines for use in an emergency. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

The clinic had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure that equipment was safe to use and clinical equipment was checked to ensure it was working properly.

Information to deliver safe care and treatment

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

Patients completed a full health assessment questionnaire before attending their assessment. Assessments included areas such as checking for diabetes, heart health, nutrition and postural health. Most assessments results were available during the assessment and could be discussed in full with the patient. Referrals could be made where necessary either to specialists or with the patients own GP. Referral letters included all of the necessary information. Patients 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 patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was off site record back up system.

Safe and appropriate use of medicines

The service did not keep any medicines on the premises except for emergency medicines. The arrangements for managing emergency medicines in the clinic kept patients safe (including obtaining, recording, handling, storing and security).

Track record on safety

Are services safe?

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. Reports were produced in order to reflect 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 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). 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 an effective system in place for reporting and recording significant events. Significant events were recorded on the clinics computer system which all staff had received training to use. The clinic carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at monthly meetings. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared nationally to make sure action was taken to improve safety in the clinic. When there were unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

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 needs assessment, care and treatment

Patients completed an online self-assessment document which requested medical history information and included patient consent. The online self-assessment created an individual confidential portal for each patient where they could access their health assessment and results. Assessments and screening were monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. For example, the clinic used the NICE guidance for exercise electrocardiograms (ECG). 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 patient's needs. The organisation monitored that these guidelines were adhered to through routine audits of patient's records.

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. Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes. We reviewed four audits including quality audits, an audit for smear tests completed and an audit for point of care testing (POCT) which included reviewing the maintenance of equipment and ensuring results were recorded onto the electronic system.

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.

We reviewed the in house training system and found staff had access to a variety of training. 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.

Staff learning needs were identified through a system of meetings and appraisal which were linked to 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.

Coordinating patient care and information sharing

The clinic shared relevant information with the patient's permission with other services. For example, when referring patients to secondary health care or informing the patient's own GP of any concerns. Nuffield Health had a 'concierge system' in place which guided patients through the process of accessing secondary care.

Supporting patients to live healthier lives

The aims and objectives of the service were to support patients to live healthier lives. This was done 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 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 patients to more detailed information on aspects of their health and lifestyle should they require this.

Consent to care and treatment

We found staff sought patients 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. 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 patient's GP. Information about fees was transparent and available online. The process for

Are services effective?

(for example, treatment is effective)

seeking consent was demonstrated through records. We saw consent was recorded in the patient record system. This showed the clinic met its responsibilities within legislation and followed relevant national guidance.

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 that members of staff were courteous and helpful to patients and treated them with dignity and respect. At the end of every consultation, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received. 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.

Involvement in decisions about care and treatment

Private patients could decide on the health assessment they wanted and the service provided information on the different assessments and their costs. After the assessment 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. Reports used a number of different methods to show assessment results and treatment options. This included display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. Patients 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 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 clinic respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the clinic complied with the Data Protection Act 1998. All confidential information was stored securely on computers.

Curtains were provided in assessment rooms to maintain patients' privacy and dignity during assessments and consultations with the doctor. Assessment room doors were closed and we noted that conversations taking place 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 services in accordance with the relevant regulations.

Responding to and meeting people's needs

The clinic offered flexible opening hours and appointments to meet the needs of their patients. The clinic offered a range of health assessments for patients and we were informed that further bespoke health assessments were being reviewed. The clinic offered same day pathology results and most of these were available during the patients assessment which could then be reviewed and discussed with the doctor. Patients 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 patient assessments and for staff to complete the necessary administration work which followed.

The facilities and premises were appropriate for the services delivered. Assessment rooms were all on the ground floor. Patients had access into the centre via automatically opening doors. There were adequate toilet facilities including toilets for people who were disabled. In the waiting area there was tea and coffee facilities. Staff ensured that nutritional snacks were available to patients after they had tests which required fasting.

Timely access to the service

Appointments were available at varied times Monday to Friday and the length of appointment was specific to the patient and their needs. Patients booked appointments through a central appointments management team. Patients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service.

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 complaints policy which 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 clinic waiting area and on the clinic website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint. We reviewed the complaints system and noted there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the event.

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 clinic was part of a national organisation which had an extensive governance and management systems. This provided a range of reporting mechanisms and quality assurance checks to ensure appropriate and high quality care.

There was a clear leadership structure in place and staff felt supported by management. Staff told us management were approachable and always took the time to listen to them. They told us they felt well supported and appropriately trained and experienced to meet their responsibilities.

Vision and strategy

The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities. Staff 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.

There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, understood and effective and the leadership assured themselves they were operating as intended. The clinic had a number of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE). Systems were in place for monitoring the quality of the service and making improvements. This included having a system of key performance indicators, carrying out regular audits, carrying out risk assessments and quality checks and actively seeking feedback from patients. A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels.

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 patient safety. Risk assessments we viewed were 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

The clinic acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of

Are services well-led?

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

patient identifiable data, records and data management systems. Meetings were held monthly where issues such as safeguarding, significant events and complaints were discussed. Outcomes and learning from the meetings were cascaded to staff.

A programme of audits ensured the clinic regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found the patients records were audited for quality of content and to ensure appropriate referrals or actions were taken.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. After their health assessments patients were asked to complete a survey about the service they had received. This was constantly monitored and action was taken if feedback indicted that the quality of the service could be improved. The clinic had also gathered feedback from staff through staff meetings, appraisals and discussion.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. There was a focus on continuous learning and improvement at all levels within the service. The organisation made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings, appraisals and open discussions. The organisation was in the process of reviewing their information technology across the organisation to improve the effectiveness of their systems.