

Nuffield Health

Nuffield Health Canary Wharf Medical Centre

Inspection report

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Date of inspection visit: 12 June 2018
Date of publication: 02/08/2018

Overall summary

We carried out an announced comprehensive inspection on 12 June 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 Canary Wharf Medical Centre provides health assessments (for patients aged 18 and over) that include a range of screening processes. Following the assessment and screening process clients undergo a consultation with a doctor to discuss the findings and any recommended lifestyle changes or treatment planning. The centre also provides private GP services.

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.

The General Manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Nuffield Health Canary Wharf Medical Centre is registered to conduct the following regulated activities under the Health and Social Care Act 2008:-

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

Prior to our visit, the service was provided with feedback cards for their customers to complete with their views about the service by completing comments cards. We received 27 feedback cards, all of which indicated that clients were happy with care provided at the service.

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.
- A system was in place for reporting, investigating and learning from significant events and incidents.
- 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 client safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and equipment used.
- Staff assessed clients' needs and delivered care in line with current evidence based guidance.
- Feedback from clients about the care and treatment they received was very positive.
- Clients were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Clients were treated in line with best practice guidance and appropriate medical records were maintained.
- Clients 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 clients.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.

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 service had clearly defined processes and well embedded systems in place to keep clients 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 clients' 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 service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- There was a program of quality improvement and audits were used to drive service improvement.
- 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 client's 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.
- We saw that the service gained written consent from the client before treatment commenced.

Are services caring?

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

- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a client centered approach to their work.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Staff we spoke with demonstrated a client 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 clients regarding what services the service provided.
- Clients had a choice of time and day when booking their appointment.
- Information about how to complain was readily available to clients. We saw that complaints were appropriately investigated and responded to in a timely manner.

Summary of findings

- The service listened to suggestions from clients and acted accordingly.
 - Clients could contact the service in person, by telephone or by the service website.
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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 were good systems in place to govern the service and support the provision of good quality care and treatment.
 - There were clear leadership structure in place and staff felt supported by management.
 - Systems were in place to ensure that all client information was securely stored.
 - Staff told us the provider encouraged a culture of openness and honesty.
 - There was a focus on continuous learning and improvement at all levels within the service.
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Nuffield Health Canary Wharf Medical Centre

Detailed findings

Background to this inspection

We carried out an announced visit to this service on 12 June 2018.

The visit was led by CQC inspector and included a GP specialist advisor and physiotherapist specialist advisor.

During our visit we:

- Spoke with staff (one regional clinical lead doctor, one regional lead doctor, one general manager, two physiologists and two receptionists).

- Reviewed personnel files, service policies and procedures and other records concerned with running the service.

To get to the heart of client 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

The service had clear systems, processes and practices to keep clients safe.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Safeguarding policies were reviewed and were accessible to all staff. The policy outlined who to go to for further guidance. Clinical staff were trained as appropriate to safeguarding level two or three.
- 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 been DBS checked. The service had professional indemnity insurance in place that protected the medical practitioners against claims such medical malpractice or negligence.
- Clients were advised that a chaperone was available if they required one. All chaperones had been DBS checked.

There was a system to manage infection prevention and control.

- The service conducted infection control audits and we saw evidence of the latest one conducted in March 2018. This audit was conducted by an external company. Monthly infection prevention audits were also conducted internal monthly 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 taken 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 clients

- 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. For example, we viewed up to date risk assessments for many 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 understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Appropriate 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.
- There were enough staff, including clinical staff, to meet demand for the service. Availability of staff was monitored and managed by the general manager.
- Files we checked showed that clinical staff working at the service had the required medical indemnity insurance in place.

Information to deliver safe care and treatment

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

- Individual care records (both hand-written and electronic) were written and managed in a way that kept clients safe. This information was available to relevant staff in a timely and accessible way. System based client records contained health assessments, test results and treatment plans. We viewed a sample of these records and found that these had been completed to a satisfactory standard.
- We noted that there was a system in place to receive safety 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 Canary Wharf, 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 centralized record management system.

Safe and appropriate use of medicines

- There were no medicines held at the service with the exception of emergency medicines for use in a medical emergency. These were held in a secure area of the building. We noted the medicines that we checked were all stored according to the manufacturers' guidance and were within date.
- Prescriptions were held in a safe place by the doctors and an audit of prescribing was done through auditing the service computer system.

Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report and discuss incidents and near misses. On the day of inspection, we viewed an adverse incident report which described what the

service did when a client having a health assessment said that they were not feeling well. The client's blood pressure was taken by the physiologist conducting the health assessment and a doctor was called. The doctor assessed the client and recommended that they attended the accident and emergency (A&E) department of the nearest hospital. The service said they would arrange transport for the client, but the client declined and decided to make their own way to A&E. The service followed up with the client the next day and the client was given the opportunity to rebook the rest of their health assessment. The incident report was reviewed by the general manager who was satisfied that the correct procedures had taken place. Although no learning was required, the event was shared amongst the staff for them to take note.

- The provider had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- 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 be able to give clients their blood test results on the same day.

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.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and client outcomes. We reviewed a range of audits including one which focused on antibiotic prescribing at the service.
- There were performance indicators in place for monitoring care and treatment, and the quality of consultations with clients 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 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.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating doctors and other clinical staff at the service. Staff were entitled to up to five days for continued professional development. All staff files that we viewed 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 all staff in all aspects of their role.

Coordinating client care and information sharing

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

- The service would ask for permission (from the client) to inform their NHS doctor if a medicine or other similar treatment was prescribed as part of their treatment at the service. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance. If consent was not given, patients were advised that continuity of care was important and this was best achieved by the doctors at the service working with and alongside the patient's regularly GP.
- We saw that there was an audit trail in place for all clinical samples sent from the service for external testing. This trail ensured that the service was able to follow-up with the external testing service the results of testing conducted.
- The service held regular internal multi-disciplinary team meetings where best practice and individual clinical cases were discussed.

Supporting clients to live healthier lives

The aims and objectives of the service were to provide the best treatment to clients 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 clients. Each client was

Are services effective?

(for example, treatment is effective)

provided with a detailed report covering the findings of their assessments. Clinicians would discuss and give recommendations to clients following the results of the assessments, with a view to improving/maintaining their general health and well-being.

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw that the service gained written consent from the client before treatment commenced.
- The service displayed in full, clear and detailed information about the cost of consultations, assessments, tests and further appointments. Prices are not displayed on the website, but prospective clients are informed of prices by reception staff or by email when they first contact the service to make an appointment.

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

During our inspection we observed that members of staff were courteous and helpful, and treated clients with respect.

- All feedback we saw about client experience of the service was positive. We made CQC comment cards available for clients to complete two weeks prior to the inspection visit. We received 27 completed comment cards all of which were very positive and indicated that clients were treated with kindness and respect. Comments included that clients felt the service offered was excellent and that staff were caring, professional and treated them with dignity and respect.
- Following consultations, clients were sent a survey asking for their feedback. Clients that responded indicated they were very satisfied with the service they had received.
- Staff we spoke with demonstrated a client centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's client feedback results.
- 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.

Involvement in decisions about care and treatment

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

- 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. Any referrals to other services, including to their own GP, were discussed with clients and their consent was sought to refer them on.
- The service told us an interpreter service could be made available to clients 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 clients who needed one during consultations.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Doors had engaged signs on the front to alert staff and clients that a room was occupied.
- Curtains were provided in consulting rooms to maintain privacy and dignity during examinations and treatments.
- Written information about clients was treated confidentially. All papers containing sensitive information was stored in secure lockable cabinets. All computers were either locked by a password or turned off when not in use.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs and access to the service

We found that the service was providing responsive services in accordance to relevant regulations. Services were tailored in response to client need.

- Clients could contact the service in person, by telephone or by the service website.
- The service opened between the hours of 8am -6pm Monday to Friday. The opening hours of the service reflected the service awareness that many of its clients would come to the service either before work or during traditional working hours.
- The service provided consultations to adult clients on a fee-paying basis. We were told that the service did not discriminate against any client group.
- The service was located in premises which were clean and accessible by all. The service was based on the 1st floor of a two-storey building occupied by the service. There was access for wheel-chair based clients.
- The service website listed all clinical services available, as well as opening times and the location of the service. Prices for certain services were listed on the website.

Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns.

- There was a lead member of staff for managing complaints at corporate level and a second member of staff at local level.
- 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 clients.
- Information for clients 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 clients understand the complaints system. This included staff being able to signpost clients to the complaints process. Contact details of other agencies to contact if a client was not satisfied with the outcome of the investigation into their complaint were also available.
- We reviewed one complaint from a client which focused on issuing test results in a timely fashion, follow-up care and invoicing. We found that the response to the complaint was satisfactorily handled and in a timely way.

Are services well-led?

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

Our findings

Leadership capacity and capability

- The service is provided by Nuffield Health who have five medical centres across the UK. All sites follow a corporate set of reporting mechanisms and quality assurance checks to ensure appropriate 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. 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.

Vision and strategy

- The service had a clear vision to have their patients and staff at the service 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 clients.

- 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.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff were encouraged to open and honest at all times and there was a no-blame culture within the service. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process. The service 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 were appraised yearly (apart from those recruited within the last 12 months) 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 service was focused on achieving high standards in the provision of care for its clients and therefore provided the mechanisms for regular supervision with peer review and support for staff.

Governance arrangements

The service had a number of governance arrangements in place.

- The service had a range of policies and procedures in place and were known and implemented by the service corporate and local management teams. These were regularly reviewed and updated when necessary. These policies and procedures were available to all staff who knew where to access them if required.
- Systems were in place for monitoring the quality of the service and making improvements. This included the service having a system of 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.

Managing risks, issues and performance

- 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 client information was stored and kept confidential.

Are services well-led?

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

- 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.

- 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 service had also gathered feedback from staff through staff meetings, appraisals, staff satisfaction surveys and discussion. This feedback used to see if there were any areas of the service engagement with

staff which may benefit from improvement. The service had initiatives to motivate and encourage staff such as team member for the month, which recognised staff who were performing well.

Continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. The General Manager told us that all the staff at Nuffield Health Canary Wharf engaged regularly in ways to improve the service.
- The service was preparing itself for the migration from their current medical records system to a new records system. This is due to happen by the end of June 2018. The new medical records system will be internet based allowing greater flexibility to staff in accessing records. In addition, a new range of bespoke health assessments for clients using algorithms and specific technology was due to be launched imminently.