

Nuffield Health

# Nuffield Health West Byfleet Fitness & Wellbeing Centre

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 5 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

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

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

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

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

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

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

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

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

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

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

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

Nuffield Health West Byfleet Fitness & Wellbeing Centre 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. In addition to the GP, there is a general manager, a clinic manager (who is also a physiologist), two physiotherapists and two physiology staff supporting the health assessment service. Patients seen in the clinic are either private patients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided to adults only and are not commissioned by the NHS.

The general manager is also the registered manager. A registered manager is a person who is registered with the

# Summary of findings

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 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 eight 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.

# Nuffield Health West Byfleet Fitness & Wellbeing Centre

## Detailed findings

### Background to this inspection

Nuffield Health West Byfleet Fitness & Wellbeing Centre is part of Nuffield Health a not-for-profit healthcare provider. The clinic provides a variety of health assessment for both corporate and private clients (adults only). 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 10-day pass for the fitness centre. The clinic can also refer to on-site nutritionist and physiotherapist.

The clinic address is:-

Pyford Road, West Byfleet, Guildford, GU22 8UQ

The core opening hours for health assessments at the clinic are Monday to Friday 8am-5pm.

The staff team at the clinic consists of a clinic manager who is also a physiologist, a health assessment doctor 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 5 September 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. Prior to the inspection we reviewed the last inspection report from September 2013, 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?

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.

Although there were some blood tests which could be done on site, testing which was required to be done off site was couriered to a laboratory daily.

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.

Staffing levels were monitored and there were procedures in place to source additional trained staff when required.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. There was an ongoing project to improve communication between the service's information technology systems. 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. The regional clinical lead doctor completed a monthly abnormal results review.

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

# Are services safe?

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**

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 seven audits including four clinical audits as well as quality audits. For example, an audit traces of blood found only in Urine, 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.

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.

The doctor were registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice. The doctor had professional indemnity insurance that covered the scope of their practice.

The doctor followed the required appraisal and revalidation processes and had a current responsible officer. (All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practice).

### **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

# Are services effective?

(for example, treatment is effective)

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 seeking consent was demonstrated through records.

# 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.

The clinic used a number of means to communicate with patients who did not speak English as their first language, which included access to a telephone translation service and face-to-face translators when required. There was a hearing loop and reception staff could support patients in its use.

### **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 patient's 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. Shower facilities were also available.

The clinic had its own reception area, separate to the main reception, which was comfortable, private and had water available for patients. 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 registered manager (who was the general manager) in conjunction with the clinic manager had the capacity and skills to deliver high quality, sustainable care. 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 positive relationships between the clinic staff as well as within the fitness and wellbeing centre. There were regular staff meetings and minutes showed evidence that actions identified at meetings were followed up.

There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. 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. Staff are also empowered to look after their health and wellbeing with free access to the gym network, and an annual health assessment.

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

# Are services well-led?

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

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 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, there were monthly audits of physiologists' quality and safety. The regional clinical lead physiologist reported to individual physiologists on their performance against a score card and patient feedback.

## **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 indicated that the quality of the service could be improved. The clinic had also gathered feedback from staff through staff meetings, appraisals and discussion.

The service ran regular 'Meet our Experts' events to which the local community were invited to meet the staff who provided health assessments and gain an understanding about the services provided.

## **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.