

Nuffield Health

Nuffield Health Cambridge Fitness and Wellbeing Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Nuffield Health Cambridge Fitness and Wellbeing Centre on 2 April 2019 as part of our inspection programme.

Nuffield Health Cambridge Fitness and Wellbeing Centre is a purpose-built facility offering a full range of fitness and wellbeing activities including physiotherapy and health assessments, personal training, fitness suite, exercise classes, swimming pool and cafe.

Summary of findings

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 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.

Our key findings were:

- The service had clear systems in place to manage and mitigate risks so that safety incidents were less likely to happen. The service had a clear reporting system and information was shared across all of the provider's locations.
- The service completed a number of clinical and non-clinical audits to assess performance and ensure care provided was safe. These audits were reviewed and actions taken where necessary.
- Feedback from patients on the day of the inspection through CQC comment cards and patient consultations were wholly positive about the service, the staff and the facilities.
- Patient feedback obtained by the service through feedback forms was consistently positive about the experiences received.
- Members of staff we spoke with were wholly positive about working at the service and the support provided to them from leaders.
- The provider worked with other NHS organisations and charities to provide services to vulnerable or hard to reach individuals.
- The provider had clear systems and processes in place to ensure care was delivered safely and good governance and management was supported.

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Chief Inspector of Primary Medical Services and Integrated Care

Nuffield Health Cambridge Fitness and Wellbeing Centre

Detailed findings

Background to this inspection

Background to Nuffield Health Cambridge Fitness and Wellbeing Centre

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.

Our inspection was led by a CQC inspector with a GP specialist advisor.

The service is part of the Nuffield Health UK health organisation, a trading charity which was established in 1957 and runs a network of 32 private hospitals, medical clinics, fitness and wellbeing centres and diagnostic units across the UK.

Nuffield Health Cambridge Fitness and Wellbeing Centre is a purpose-built facility offering a full range of fitness and wellbeing activities including physiotherapy and health assessments, personal training, fitness suite, exercise classes, swimming pool and cafe. Services are predominantly for those over 18 years of age with some activities open to children, however health assessments are not available to children. Health assessments are available to both members and non-members.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care

Act 2008 (Regulated Activities) Regulations 2014. Nuffield Health Cambridge Fitness and Wellbeing Centre provides a range of fitness activities, for example, personal training, fitness suite, exercise classes, swimming pool and cafe which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury in relation to the health assessment services offered.

Patients have access to the following range of health assessments:

- A general lifestyle health assessment for patients wanting to reduce health risks and make lifestyle changes.
- A female assessment covering all aspects of female health including a cervical smear test and mammogram carried out by a GP. Male specific testing includes testicular examination and prostate testing.
- A '360 degree' health assessment which is an in-depth assessment of a patient's health and wellbeing and includes a review of diabetes and heart health risks.
- A '360 degree plus' health assessment which is the most in-depth assessment with an extra focus on cardiovascular health in addition to bespoke health assessments focusing on weight management and resilience.

The centre is open between 6am and 10pm Monday to Friday and between 8am and 9pm on weekends and bank holidays. Pre-booked health assessments are available Monday to Friday between 9am and 5pm. The team at Nuffield Health Cambridge consists of a general manager who is also the CQC registered manager, a deputy general

Detailed findings

manager, clinic manager who is also a physiologist and three part time health assessment GPs. Various administrative, reception and fitness staff support the operating of the centre.

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

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. There was a suite of appropriate safety policies, which were regularly reviewed and communicated to staff including temporary staff. All of the policies were available both online and in paper format. They outlined clearly who to go to for further guidance. Members of staff we spoke with were aware of how to access safety policies.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- There was an effective system to manage infection prevention and control.
- Staff received safety information from the service as part of their induction and refresher training. The service provided evidence of training completed by staff and how the provider monitored the on-going training requirements of the staff team.
- The service had systems to safeguard children and vulnerable adults from abuse. None of the regulated services provided by the service were available to children under the age of 18.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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 staff received up-to-date safeguarding and safety training appropriate to their role, for example, clinicians were all trained to level 3. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The service had a number of part-time clinicians who were able to negotiate their working hours to ensure the service had adequate cover. Where additional cover was needed due to sickness or annual leave, staff were flexible in their approach.
- There was an effective induction system for temporary staff tailored to their role. The service had worked to reduce the reliance on temporary staff and we saw evidence the number of temporary staff used had reduced.
- Staff we spoke with understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. However, the service was a pre-booked health assessment and not available as an urgent care service.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- The service provided diagnostic and screening services for patients but did not provide treatment on site to patients. Where treatment was required, patients would be referred onwards to the most appropriate service.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care was available to relevant staff in an accessible way.
- The service used their own computerised system for managing care records.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The provider did not prescribe medicines at the service, therefore there was no prescribing data to review or report on. The only medicines held on site were emergency medicines to treat patients in the event of an emergency.
- The systems and arrangements for managing emergency medicines and equipment minimised risks. The service had appropriate emergency medicines and equipment such as oxygen, emergency medicines and defibrillators.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff were able to use a reporting system (Datix) which was available on all computers to record and act on significant events. Each incident was graded according to risk and the service reviewed the key themes to mitigate against risks reoccurring.
- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had not recorded any significant events or incidents in the previous 12 months.
- The service acted on and learned from external safety events as well as patient, medicine and device safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and care

The provider had systems to keep clinicians up to date with current evidence based service. We saw evidence that clinicians assessed needs and delivered care in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care decisions.
- Following health assessments, staff advised patients where to seek further help and support, including through other services offered in the centre, through Nuffield Health's private services or from NHS services.
- Clinicians were supported to keep up to date with current evidence based service through protected learning time and clinical meetings.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care to make improvements. For example, the service made improvements through the use of clinical and non-clinical audits.
- Clinical audit had a positive impact on quality of care and outcomes for patients, we saw evidence of an audit of all physiologist's consultations and how this was used to drive improvement with the individual clinicians where required.
- The service had also completed a point of care testing (POCT) audit in October 2018 which reviewed the performance of the service and care provided to patients.
- In addition to this, the service regularly completed audits to determine compliance with organisational policies and processes. We saw evidence of clinical waste audits and a non-clinical manager audit in relation to things such as reporting and recording significant events and complaints.
- There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

Staff had had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had a centralised induction programme for all newly appointed staff.
- All staff had received an appraisal or performance review within the last 12 months.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service supported physiologists to obtain a level seven Advanced Professional Diploma in Health and Wellbeing Physiology.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, where patients required an onward referral, the service had systems in place to ensure this referral was made as promptly as possible whilst considering the patient's preferences.
- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service provided evidence of an example where a health assessment doctor had identified a potentially serious health condition and due to coordinated patient care and information sharing, the patient received appropriate care in a timely manner.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Following each health assessment, patients were entitled to use the other facilities in the fitness and wellbeing centre such as the gymnasium and the swimming pool to work on the goals identified during the health assessment (such as weight loss or strength gain).
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

- The provider supported charity groups for long-term conditions such as arthritis to hold events at the service.
- The provider offered presentations to local businesses on health topics which are important to them.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people, patients we spoke with told us the staff at the service treated them well and in a professional and caring manner.
- We received 14 CQC patient comment cards, all of which contained wholly positive comments in relation to the service including specific references and examples of how they felt staff treated patients well.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.

- Patients told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Results from the provider's most recent survey in February 2019 showed 100% of respondents felt more confident and engaged in managing their health.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The health assessments were provided in an area separate to the other facilities in the service and this included a separate waiting area.
- Results from the provider's most recent survey in February 2019 showed 100% of respondents felt that dignity was respected during examination.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider had contracts with business organisations to provide health assessments for their employees. The provider recently introduced personalised assessments for tailored health (PATH) to support businesses in looking after their employees to help reduce costs through sickness while increasing productivity and improved health and wellbeing of their staff.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the provider had an agreement with a local NHS hospital to support patients with cystic fibrosis to use the services at the fitness and wellbeing centre to improve their health and wellbeing.
- The service offered support to patients who were engaging in charitable activities. For example, the provider offered complimentary services and support to those competing in events such as 10,000 metre runs and the 'three peak challenge'.

Timely access to the service

Patients were able to access care from the service within an appropriate timescale for their needs.

- The fitness and wellbeing centre was open between 6am and 10pm Monday to Friday and between 8am and 9pm on weekends and bank holidays. Pre-booked health assessments were available Monday to Friday between 9am and 5pm. Opening hours were displayed on the service website and throughout the service.

- Patients were able to access health assessments at any of the Nuffield Health locations.
- Patients had timely access to initial assessment, test results and referrals.
- Most of the tests conducted during the health assessment were completed on site and results were provided to patients the same day. Some tests such as mammogram screening were completed at external locations and results were provided to the patient as soon as reasonably possible.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could access health assessment services over the telephone through a centralised booking system with a call back facility available. Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Staff were able to use a reporting system (Datix) which was available on all computers to record and act on complaints. Each complaint was graded and the service reviewed the key themes.
- The service had received six complaints in the last 12 months, we reviewed three of these and found they were handled appropriately by the provider in a timely manner.
- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Leadership capacity and capability;

Leaders had capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff we spoke with told us leaders at all levels were visible and approachable. Patients told us they regularly engaged with leaders at the service and felt confident to approach them at any time with any queries or concerns.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Leaders regularly engaged with other leaders in the organisation to share best practice and monitor performance.

Purpose and strategy

The service had a clear purpose and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear purpose and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider's charitable purpose was 'to promote and maintain the healthcare of all descriptions and to prevent, relieve and cure sickness and ill health of any kind for the public benefit'.
- The provider's values framework was 'CARE': Connected, Aspirational, Responsive, Ethical.
- The service developed its purpose, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the purpose, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Members of staff told us they were happy to work for the service and felt respected, supported and valued.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values and we saw evidence of performance management processes and procedures.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed by the leadership team.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The provider offered complimentary services to members of staff and we found one example where the provider was supporting a member of staff to continue working despite personal issues.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Members of staff we spoke with told us the service was a positive working environment and all staff and teams worked well together.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

Are services well-led?

Good 

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

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective clarity around 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. Members of staff we spoke with were clear on their roles and responsibilities during incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. We saw evidence of feedback collated and actions taken in response to issues raised.
- Performance was monitored at a local, regional and national level, with the Nuffield Health Cambridge Fitness and Wellbeing Centre consistently performing highly in the region for client satisfaction levels across all services.
- Staff could describe to us the systems in place to give feedback. Either verbally, written, online, through the centralised provider or by feedback forms provided following assessments. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The provider held regular team meetings and staff told us they were involved in regular departmental briefings each day.
- The provider had a regular newsletter which was distributed amongst the staff team and included relevant health and organisational updates.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff were encouraged and supported to develop and train, including through the providers academy system.
- The provider offered support for staff to complete further education such as degree-level qualifications and apprenticeships.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared across the organisation and used to make improvements.