

Nuffield Health

# Nuffield Health Norwich Fitness and Wellbeing Centre

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection of Nuffield Health Norwich Fitness and Wellbeing Centre on 4 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.

Prior to our inspection patients completed CQC comment cards telling us about their experiences of using the service. Five people provided wholly positive feedback about the service.

### **Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen, could be learned from and improvements could be made as a result.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and organisational policy.
- Staff involved patients and treated them with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.

# Summary of findings

- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Nuffield Health Norwich Fitness and Wellbeing Centre

## Detailed findings

### Background to this inspection

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 and a practice manager 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 Norwich 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.

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.
- 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. Male specific testing includes testicular examination and prostate testing.
- 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 provider has also 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 centre is open between 6.30am and 10pm Monday to Friday and between 8am and 9pm on weekends and bank holidays. Pre-booked health assessments are available on Tuesdays and Wednesdays between 9am and 5pm. The team at Nuffield Health Norwich consists of a senior general manager, deputy general manager, clinic manager who is also a physiologist and the CQC registered manager and a health assessments doctor. Various administrative, reception and fitness staff support the operating of the centre.

# Detailed findings

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including the health assessment GP, Senior General Manager and Clinic Manager.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.

- Reviewed CQC comment cards completed by service users.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The service conducted safety risk assessments and had policies which were regularly reviewed and communicated to staff.
- The service 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 and how to report safeguarding concerns to relevant external agencies.
- All staff received up-to-date safeguarding training appropriate to their role, including level 3 safeguarding children training for the GP. They knew how to identify and report concerns.
- Staff checks were carried out at an organisational level, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with service policy. (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).
- 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.
- The service 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

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

- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually. The clinic manager also organised regular update sessions within the centre which included medical emergency scenarios.
- Emergency equipment and medicines available were in line with recognised guidelines and the needs of service users, the service held stocks of Adrenaline. Staff checked medicines and equipment to make sure these were available, within their expiry date, and in working order and kept records of these checks.
- Staff knew how to recognise those in need of urgent medical attention and clinicians knew how to identify and manage patients with severe infections, for example, sepsis; however, the service was only for pre-booked health assessments.

### Information to deliver safe care and treatment

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

- 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 and treatment was available.
- The service had systems for sharing information with staff and other agencies, including patients' NHS GPs, to enable them to deliver safe care and treatment.
- Referral and information sharing letters included all of the necessary information.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address, verified at time of registration.
- The health assessment services were not available to those under 18 years of age.

### Safe and appropriate use of medicines

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

# Are services safe?

- The systems for managing medicines, including medical gases and emergency medicines and equipment minimised risks. The service did not prescribe any medicines.

## **Track record on safety**

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity to understand risks and where identified, make necessary safety improvements.

## **Lessons learned and improvements made**

The service had systems and processes in place to learn and make improvements when things went wrong.

- There was a robust computer reporting system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were comprehensive systems for reviewing and investigating when things went wrong. The service had not recorded any significant events or incidents in the last 12 months.
- There was a system for receiving, reviewing and where necessary acting on safety alerts including patient, medicine and device safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were assessed in line with the health assessment booked. This included clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Following health assessments, staff advised patients where to seek further help and support, including through other services offered in the centre or from NHS services.

### Monitoring care and treatment

The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The service conducted a range of audits to ensure diagnosis and treatment were in line with national guidelines and organisational protocol.
- For example, the service regularly audited compliance with organisational policy for the handling of test results including PSA (Prostate Specific Antigen test, a potential cancer indicator), ECG (Electrocardiogram, a heart function test), Chest X-Rays and cervical smear testing. We noted high compliance levels, with organisational policy and performance shared with all staff in the monthly internal GP Medical Society Newsletter. Where the service identified non-compliance, this was highlighted with the individual staff involved and the newsletter was also used to remind staff where compliance could be improved.

### Effective staffing

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

- The service 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 provided staff with All staff had received an appraisal or performance review within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including patients' NHS GPs and where cancer was suspected. The service monitored urgent referrals to make sure they were dealt with promptly.

Where patients' consent was provided, all necessary information needed to deliver their on-going care was appropriately shared, in a timely way and patients received copies of referral letters.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The service identified patients who may need extra support and directed them to relevant services, including where appropriate the services offered at the fitness and wellbeing centre.
- The service offered a range of health screening as part of their health assessment service including screening for bowel, breast, testicular and prostate cancer.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. In April 2018, 46% of health assessment clients reported making a change to improve their health following the assessment.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatments and services.
- The service monitored the process for seeking consent appropriately through record checks.



# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood how to recognise and involve patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All the patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This is in line with other feedback received by the service.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care.

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

- Staff communicated with patients in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website provided patients with information about the range of treatments available including costs. Further information was available from the central booking line and the service directly.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Health assessment patients were directed to a separate private waiting area.
- Staff could also use available rooms to discuss private matters where necessary.
- Computer screens were only visible to the patient at the time of assessment and staff did not leave personal information where other patients might see it.
- Patients' electronic records were securely stored and accessed electronically.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- Bookings could be made online or over the telephone with a call back facility available.
- The facilities and premises were appropriate for the services delivered.
- Interpreter services were available for those patients who did not have English as a first language.

### Timely access to the service

Patients could access services within an acceptable timescale for their needs.

- The fitness and wellbeing centre was open between 6.30am and 10pm Monday to Friday and between 8am and 9pm on weekends and bank holidays. Pre-booked health assessments were available on Tuesdays and Wednesdays between 9am and 5pm. Opening hours were displayed on the service website.
- Health assessments were also available at different times, from the providers other locations where required.

- The service's own patient feedback data showed that patients' satisfaction with how they could access care and treatment was consistently high.
- Most tests were carried out on site on the day of the health assessment with results available same day. External test results were reviewed and provided to patients as soon as reasonably practicable. The service participated in the providers national duty doctor scheme where urgent test results were analysed and action taken to contact patients whose designated doctor was not available.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- The clinic manager was responsible for dealing with complaints and the service had a complaints policy providing guidance for staff on how to handle a complaint. The service used a computer system to record and analyse complaints, concerns and feedback including written and verbal feedback.
- There was information available in the premises and on the service website for patients to provide feedback.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

The service had received no complaints in the last 12 months.

# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the organisational strategy and address risks to service delivery.
- They were knowledgeable about issues and priorities relating to the quality of services. They understood the challenges and were addressing them.
- Staff told us leaders were visible and approachable.
- The clinic manager had support from the senior general manager and other leaders in the organisation.
- Leaders regularly engaged with other leaders across the organisation to share best practice and monitor performance.

### Vision and strategy

The service had adopted the organisational vision and strategy to deliver high-quality care.

- There was a clear vision and set of values with a 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 service had a culture of providing high-quality care.

- Staff stated they felt respected, supported and valued. They were happy and proud to work in the service.
- The service focused on the needs of patients.
- There were systems and processes in place for the service to act on behaviour and performance inconsistent with the vision and values.
- There was a culture of acting with openness, honesty and transparency in the management of 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 were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were clear development processes for all staff including career progression. All staff had received an appraisal or performance review in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff, the service managers, clinicians and leaders.

### Governance arrangements

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

- Organisational structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had adopted and established policies, procedures and activities to ensure safety and assured themselves and the provider that they were operating as intended.

### 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 risks including risks to patient safety.
- Service leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits were used to demonstrate the quality of care provided and there was evidence of action taken to improve quality.

# Are services well-led?

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

- Performance was monitored at a local, regional and national level, with the Nuffield Health Norwich Fitness and Wellbeing Centre consistently out performing other Nuffield Health services in the region for client satisfaction levels across all services.
- The service had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings.
- The service used information from their computer system to monitor the quality of care provided.
- The service submitted information or notifications to external organisations as required, including patient referrals.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

## **Engagement with patients, the public, staff and external partners**

The service involved patients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services.
- The service collected and reviewed patient feedback about the services provided which was consistently positive.

## **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.
- Staff were encouraged and supported to develop and train, including through the providers academy system.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.