

Nuffield Health

Nuffield Health Harrogate Fitness & Wellbeing Centre

Inspection report

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Date of inspection visit: 17 May 2018
Date of publication: 18/06/2018

Overall summary

We carried out an announced comprehensive inspection on 17 May 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 refer to service users as patients and this is reflected throughout the report.

Nuffield Health Harrogate Fitness & Wellbeing Centre provides a range of health assessments and screening relating to the physical and mental wellbeing of people. These services are available for fee paying/private patients aged 18 years or over.

This service is registered with Care Quality Commission (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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Nuffield Health Harrogate Fitness & Wellbeing Centre services are provided to patients under arrangements made by their employer with whom the service user holds a policy. These types of arrangements are exempt by law from

Summary of findings

CQC regulation. Therefore, at Nuffield Health Harrogate Fitness & Wellbeing Centre, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy.

The general manager at the centre is the registered manager. A registered manager is a person who is registered with the CQC 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.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. There were four comment cards completed, all of which were very positive. They described the service as being excellent or very good and would recommend to others. Staff were described as being very professional and providing clear explanations.

We also reviewed satisfaction rates for the preceding 12 months, which patients had completed after their assessment at the service. We found that these were consistently positive.

Our key findings were:

- There was an overarching governance framework which supported strategic objectives, performance management and the delivery of quality care. This encompassed all Nuffield Health locations and ensured a consistent and corporate approach.
- There was good local leadership and a cohesive team, who were supported at an organisational level.
- Clinicians were committed to improving the outcomes of patients and delivering quality care.
- The organisation encouraged and acted on staff and patient feedback. Patient feedback was consistently positive about the staff and the service they received.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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.

- There were comprehensive policies and systems in place to monitor risk and keep staff and patients safe.
- All staff had received training in safeguarding and understood their responsibilities in relation to this.
- There was an effective system for reporting, recording and reviewing incidents, complaints and safety alerts.
- The general manager and clinicians had a good understanding and overview of the health and safety of the patients and the environment.
- There was no prescribing of medicines and no medicines, other than those used in an emergency, were held on the premises.

Are services effective?

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

- A range of health assessments and screening relating to the physical and mental wellbeing of patients were offered.
- Patients were supported to lead healthy lifestyles.
- There were systems and key performance indicators in place to monitor and assess the quality of the service.
- Patients' consent was sought in line with legislation and guidance.
- There was a clear staffing structure, which included regional and organisational clinical and management staff to support the service.

Are services caring?

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

- Staff treated patients with kindness, respect and compassion.
- Patient feedback was positive about staff being caring and professional.
- Patients had access to information from the provider's website and staff, to support them in making decisions about which assessment to access.
- Staff we spoke with demonstrated a patient centred approach.

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 patients to demonstrate what the service offered.
- The premises were fully accessible and well equipped to meet patients' needs.
- Information about how to complain was available and evidence showed the service responded appropriately to any concerns raised. Learning from complaints was shared widely within the local team and at an organisational level.

Are services well-led?

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

Summary of findings

- The provider had a vision and strategy to deliver high quality care and staff were clear about their responsibilities in relation to these.
 - There were effective governance and risk management systems in place. There was a proactive approach to identifying and managing issues.
 - There was a clear leadership structure and staff felt supported by management.
 - The provider actively encouraged staff and patient feedback and used this to improve service delivery.
 - Systems were in place to ensure that all patient information was stored securely and kept confidential.
 - There was a focus on continuous learning, development and improvement linked to the quality of service delivery.
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Nuffield Health Harrogate Fitness & Wellbeing Centre

Detailed findings

Background to this inspection

Nuffield Health is the registered provider of Nuffield Health Harrogate Fitness & Wellbeing Centre. The centre is registered with the CQC to provide the regulated activity of diagnostic and screening procedures.

The service provides a range of health assessments and screening processes relating to the physical and mental wellbeing of people. Patients complete a comprehensive online health questionnaire prior to their appointment, to support them to access the assessment best suited to them. The aim of the health assessments are to provide a picture of an individual's health, covering key concerns such as risk of diabetes, heart disease or cancer. Initial consultations are held with either a doctor or a physiologist, depending on the type of assessment requested.

All patients are seen by a doctor following the initial assessment and screening processes. The findings of results are discussed with the patient, along with any recommended lifestyle changes. 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 maintain a healthy lifestyle. Patients who may require further investigations or any additional support are referred on to other services, such as their NHS GP, physiotherapist, nutritionist or other healthcare professional. This process is managed by a centralised referrals team. Clinicians do not provide prescriptions to patients. In instances where a prescribed medication may be indicated, the patient is referred to their NHS GP.

The service is available to fee paying customers who are aged 18 years and over. It can be accessed 8am to 4.30pm each Thursday and Friday (with the exception of any bank holidays) at the Harrogate location. However, patients can access other Nuffield Health locations nationwide. The service is not intended for use by patients requiring treatment for long-term conditions or as an emergency service.

The staff who deliver the service consist of a general manager, a doctor and a physiologist (who also acts in the capacity of clinical manager).

We inspected Nuffield Health Harrogate Health & Wellbeing Centre, Hornbeam Park Drive, Harrogate HG2 8RA on 17 May 2018. Our inspection team consisted of a lead CQC inspector, a second CQC inspector and a GP specialist advisor.

Prior to the inspection we asked the provider to send us a range of information. We reviewed this, along with information we already hold about the service.

During our inspection we:

- Looked at the systems in place relating to safety and governance of the service.
- Viewed a number of key policies and procedures.
- Explored how clinical decisions were made.
- Spoke with a range of staff.
- Reviewed CQC comment cards where patients shared their views and experiences of the service.

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

Detailed findings

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

- Is it well-led?

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

Are services safe?

Our findings

We found that safe services were provided in accordance with the relevant regulations.

Safety systems and processes

The provider managed health and safety effectively and had clear systems to keep people safe and safeguarded from abuse.

- There was a range of health and safety related policies, which were regularly reviewed at an organisational level to support consistency. All policies were accessible to staff via the computer system and any changes were communicated to the team.
- Risk assessments and safety checks were carried out at a local level. For example, legionella, fire safety, electrical and clinical equipment were regularly checked and records kept.
- There was a range of infection prevention and control (IPC) processes in place. These included a weekly 'general cleanliness' audit, a monthly waste management audit, an annual IPC audit and a hand hygiene audit. Where actions had been identified there was evidence to show they had been addressed. We saw that cleaning schedules were thorough and completed to a high standard.
- There were policies in place regarding safeguarding and information regarding referral to or contact with other appropriate agencies. All staff had been trained in safeguarding adults. Although staff did not directly see children under the age of 18, they had received safeguarding children's training. All staff we spoke with could demonstrate they had a good understanding of both adults' and children's safeguarding.
- There was a process in place, in line with GMC guidelines, to verify the identification and age of patients.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Appropriate recruitment checks had been undertaken, which included proof of qualifications and registration with the appropriate professional bodies. Disclosure and Barring Services (DBS) checks were also undertaken. (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.)

Risks to patients

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

- Risk assessments had been carried out to identify any areas of risk to patients. There were appropriate control measures and quality assurances in place. There were a variety of checks carried out regularly. These were recorded and formed part of a wider quality assurance process overseen by the provider.
- There was a business continuity plan in place, which covered major incidents such as power failure or interruptions to service provision. A comprehensive list of contact details and numbers was available to staff.
- Arrangements were in place to deal with emergencies and incidents. All staff had received annual basic life support training. There were emergency equipment, such as oxygen and a defibrillator, and medicines appropriate to the service, which were easily accessible to staff in a secure area. These were checked on a weekly basis and we saw records to confirm this.
- There were enough staff to meet the demand for the service. We saw there was forward planning and that the service had access to staff from other provider locations should the need arise.
- Clinicians had the appropriate indemnity cover to carry out their role.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. This was available through the service's patient record system and provider intranet. This included information relating to health assessment reports, investigation and test results, advice and treatment plans.

Safe and appropriate use of medicines

The only medicines kept on the premises were those which could be used in emergency situations. Clinicians did not prescribe medicines for patients. If a health concern was identified as part of the assessment and screening process, patients were referred on to their own GP or other appropriate services for clinical input. These referrals were managed by a central team, or directly referred to the patient's own GP or urgent care services if appropriate.

Track record on safety

Are services safe?

There was an effective system in place for reporting, recording and investigation of incidents.

- Staff told us they were actively encouraged to report and record issues.
- All incidents and complaints were recorded on a centralised system. These were reviewed and managed at a local level. In addition, they were overseen at an organisational level to ensure they had quality assurance oversight.
- Where any changes to practice were required these were logged and tracked on a quality improvement plan.
- There was a clear organisational process for the management of safety alerts. These were disseminated to the staff team where they were also reviewed and managed at a local and organisational level.

Lessons learned and improvements made

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

When there were unexpected or unintended incidents the service gave affected people reasonable support, truthful information and either a verbal or written apology as appropriate. All incidents and complaints were recorded, irrespective of severity, so that lessons could be learned and services could improve, both locally and across the organisation.

Are services effective?

(for example, treatment is effective)

Our findings

We found that effective services were provided in accordance with the relevant regulations.

Effective needs assessment, care and treatment

Clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE).

The service provided a range of health assessments and screening processes relating to the physical and mental wellbeing of people. Patients completed a comprehensive online health questionnaire prior to their appointment, to support them to access the assessment best suited to them.

All patients were seen by a doctor following the initial assessment and screening processes (which could be undertaken either by the doctor or physiologist). The findings of results were discussed with the patient, along with any recommended lifestyle changes. Patients were provided with a comprehensive report detailing the findings of the assessment. The report included advice and guidance on how the patient can improve their health and maintain a healthy lifestyle.

Patients who required investigations or any additional support were referred on to other services, such as their NHS GP, a consultant, physiotherapist, nutritionist or other healthcare professional.

Monitoring care and treatment

The provider had systems and key performance indicators in place to monitor and assess the quality of the service, including the care and treatment provided to patients.

- The quality of consultations with patients was monitored through observed practice and a monthly audit undertaken. These were used to inform the annual performance reviews for staff and for the formation of individual training plans.
- The centre participated in regular audits and quality improvement activity. We reviewed two audits undertaken in 2017, which showed there was an improvement in the quality of service delivery. We saw that outcomes were discussed with the team.

- The provider used clinical audits and reviews to drive change and improvements in service delivery and patient care.

Effective staffing

There were systems in place to support effective staffing.

- There was a clear staffing structure, which included regional and organisational clinical and management staff to support the service.
- Clinical staff were appropriately qualified and registered with a professional body.
- All staff had to complete induction training, which consisted of topics such as basic life support, fire safety, IPC, safeguarding, health and safety, whistleblowing, information governance, equality and diversity, mental capacity and managing stress.
- Staff were required to ensure their training was updated as necessary. We saw records to evidence that all staff were up to date.
- The learning needs of staff were identified through one to one support and appraisals.
- The provider supported the wellbeing of staff, who also had access to health assessments.

Coordinating patient care and information sharing

When a patient contacted the service they were asked if the details of their consultation could be shared with their NHS GP. If patients agreed a letter was then sent to their GP in line with GMC guidance. Any areas of concern would be communicated to the patient's GP as appropriate.

A designated team made referrals to other services following the consultation with the patients. All referrals were followed up to ensure the patient had attended the service they had been referred to.

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. Each patient was provided with an individually tailored detailed report which explained the findings and any healthy lifestyle recommendations. Patients were also given health fact sheets and directed to other avenues of support.

Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All staff had

Are services effective?

(for example, treatment is effective)

received training on the Mental Capacity Act 2005. The process for seeking consent was monitored through audits of patient records. The organisation was aware of the new General Data Protection Regulation (GDPR) and were handling patients' personal data in line with the regulation.

Are services caring?

Our findings

We found that caring services were provided in accordance with the relevant regulations.

Kindness, respect and compassion

We observed that members of staff were courteous and treated people with dignity and respect. All the staff we spoke with demonstrated a patient centred and caring approach to their work.

Comments we received from patients, via CQC comment cards, were positive, citing staff as being polite and professional. They also said they received an excellent service.

At the end of every consultation, patients were sent a survey asking for their feedback. In the months between March 2017 and March 2018, there had been 29 surveys sent out to patients. Out of those nine had responded. Patients' satisfaction about staff and the service they received were positive.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).

There was a range of assessments the patients could choose from. These included a general overall health assessment; a more comprehensive assessment appropriate for any cardiovascular concerns; a lifestyle change or a female health assessment. There was clear information available with regards to the services provided and the cost of these.

During the consultation patients were involved in decisions about their care and treatment. All screening tests and any referrals were made in consultation with the patient. An individualised report was provided to the patient to enable them to make healthy lifestyle choices.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Consultation room doors were closed to avoid conversations with patients being overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examination, investigation or treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that responsive services were provided in accordance with the relevant regulations.

Responding to and meeting people's needs

The provider made it clear to the patient what services were offered and the limitations. Information was available on the Nuffield Health website, informing prospective patients of the services provided. Patients booked their assessment either online or via the telephone. Consultations were offered to anyone who requested them and paid the appropriate fee.

The waiting area for patients was tranquil with nearby toilet facilities. The consulting rooms were clean, tidy and well equipped. A lift was available for patients to use and a hearing loop was available if needed. Staff informed us that the service was person centred and flexible to accommodate patients' needs.

Timely access to the service

Patients booked their consultations through a central appointments management team. Feedback we received was that the service was timely and prompt. Patients received the majority of their results of their assessments within an hour of having undergone them. Screening tests could take longer dependant on what they were, such as blood tests or cervical screening.

The service at Harrogate was only available on two days per week. However, patients could access services at any of the other Nuffield Health locations, should they choose to do so.

Listening and learning from concerns and complaints

The provider had a complaints policy and procedure. There was patient information about how to make a complaint. This informed patients how they could refer their complaint to the Independent Health Care Advisory Service if they were not happy with the outcome or how their complaint had been managed by the provider.

There was a lead member of staff for managing complaints. All complaints were reported through the provider's quality assurance system. This enabled identification of any themes or trends which could be shared across the organisation.

We saw there had been two complaints in the preceding 12 months, relating to a delay in the patients receiving their blood results. We found they had been responded to satisfactorily and changes made to the service as a result.

Concerns and complaints were discussed both locally and at an organisational level to monitor the quality of investigation, outcome and identified learning.

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 well-led services were provided in accordance with the relevant regulations.

Leadership capacity and capability

On the day of inspection the leaders within Nuffield Health Harrogate Fitness & Wellbeing Centre demonstrated they had the experience, capacity and capability to run the centre. They told us they prioritised safe, high quality, individualised care. The link between local leadership and the parent organisation was evident and effective.

We were informed that local staff were supported by both regional and organisational leaders and managers. Staff were aware of their roles and responsibilities. It was a small team of staff at the centre and we saw that they were very supportive of one another and there was a cohesive team approach.

Vision and strategy

The provider had a clear vision to provide a high quality service. Staff shared this view and spoke enthusiastically about the work they undertook to achieve the vision. They told us that they put “quality at the heart of what we do”.

There was a provider strategy and this was supported by clear key performance indicators.

Culture

The provider was aware of, and had systems in place, to ensure 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.)

There was an open and transparent culture and this was apparent when speaking with staff. They told us they felt confident and supported to report any concerns or incidents. There was a whistleblowing policy in place and staff had received training relevant to this. (A whistleblower is someone who can raise concerns about the service or staff within the organisation.)

An annual staff survey was carried out to seek feedback from staff. The results of this were collated and analysed to action improvements. Regular staff meetings were held where staff could suggest improvements to service delivery.

Governance arrangements

Nuffield Health, as the provider, had an overarching governance framework which supported strategic objectives, performance management and the delivery of quality care. This encompassed all Nuffield Health locations and ensured a consistent and corporate approach.

There was a clear organisational structure and staff were aware of their roles and responsibilities. There was a range of policies and procedures which were developed and reviewed at organisational level. These were cascaded and implemented at a local level. Staff had access to these and used them to support service delivery.

Systems were in place for monitoring the quality of the service and making improvements. A designated ‘quality committee’ at provider level had oversight of these.

Managing risks, issues and performance

We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessment and incident reporting.

Risk assessments we reviewed were comprehensive. There were a number of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance and safety of the service. We saw there was both a local and organisational oversight.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve service performance.
- Information technology systems were used to protect the storage and use of all patient information. Business contingency plans were in place, which included minimising the risk of not being able to access or losing patient data.
- All staff had signed confidentiality agreements as part of their contractual arrangements.
- With the consent of the patient, the centre made referrals to, and shared information with, other services.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.

The provider's system of analysing feedback could provide a breakdown of patient experiences at different stages. For example, access to the online portal, booking an appointment, the health assessment and individual staff roles. We saw that during the months of July and August 2017 there had been a drop in satisfaction rates relating to use of the online portal. We were informed that there had been a problem with the portal, which had been resolved. We saw that from September onwards the satisfaction rates had increased.

There was a focus on continuous learning and improvement both at a local and organisational level. Staff were encouraged to identify opportunities to improve service delivery. There was a range of staff meetings where they were able to provide feedback or suggestions.

The organisation benchmarked themselves by using information received from all the service locations. This enabled them to review any themes, trends or areas of improvement and to monitor the outcome of any changes.

We were informed about how the role of the physiologist was innovative and continually developing. Patient feedback received by the centre was very positive about this role.

Continuous improvement and innovation