

Nuffield Health

# Nuffield Health Wellbeing Centre Manchester

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection at Nuffield Health Wellbeing Centre Manchester on 23 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?.

### **Our findings were:**

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

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

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

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

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

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

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

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

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

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

### **Background Information**

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 Wellbeing Centre Manchester provides health assessments that include a range of screening processes. Following the assessment and screening process patients undergo a consultation with a doctor to discuss the findings and any recommended lifestyle changes or treatment planning. The centre also provides private GP services.

The service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. For example, physiotherapy and lifestyle coaching do not fall within the regulated activities for which the location is registered with CQC.

# Summary of findings

## Our key findings were:

- The service had clear systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- A system was in place for reporting, investigating and learning from significant events and incidents.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received was very positive.
- Patients were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- Patients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Systems were in place to protect personal information about patients.
- An induction programme was in place for all staff and staff received specific induction training prior to treating patients.
- Staff were well supported with training and professional development opportunities. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff had access to all standard operating procedures and policies.
- The service encouraged and acted on feedback from both patients and staff.
- Patient survey information we reviewed showed that people who used the service had given positive feedback about their experience.
- Information about services and how to complain was available and improvements were made as a result of patient feedback.
- The service had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- There was a clear vision to provide a safe and high quality service.
- There were clinical governance systems and processes in place to ensure the quality of service provision.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguard them from abuse.
- All staff had received safeguarding training appropriate for their role. All staff had access to local authority information if safeguarding referrals were necessary.
- Risks to patients were assessed and well managed.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- The provider was aware of the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty.
- There were systems in place to meet health and safety legislation and mitigate risks to patients. Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection
- There were enough clinical and non-clinical staff to meet the demand of the service and appropriate recruitment checks were in place for all staff.
- There was no prescribing of medicines and no medicines held on the premises with the exception of medicines to deal with a medical emergency.

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### **Are services effective?**

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

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.
- Systems were in place to ensure appropriate record keeping and the security of patient records.
- The service had a programme of ongoing quality improvement activity. For example there was a range of checks and audits in place to promote the effective running of the service.
- There were staff training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.
- The service had arrangements in place to coordinate care and share information appropriately for example, when patients were referred to other services.
- The service's web site contained information to help support patients lead healthier lives, and information on healthy living was provided in consultations and in patient assessment reports.
- Consent to care and treatment was sought in line with the provider policy. All staff had received training on the Mental Capacity Act.

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### **Are services caring?**

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

- We did not speak to patients directly on the day of the inspection. However, we reviewed the provider's patient survey information. This showed that patients were happy with the care and treatment they had received.

# Summary of findings

- We reviewed CQC comment cards and these contained very positive feedback about people's experiences of the service including; consultations, the quality of treatment, the environment, and the conduct and helpfulness of staff.
- Staff we spoke with demonstrated a patient centred approach to their work.
- Staff had been provided with training in equality, diversity and inclusion.

## **Are services responsive to people's needs?**

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

- There was information available to patients to demonstrate how the service operated.
- Feedback from patients was that appointment availability was good and that they had received timely results and treatments.
- The premises were fully accessible and well equipped to meet people's needs.
- Information about how to complain was readily available to patients. The provider responded quickly to issues raised and made improvements in response to complaints and other patient feedback.

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

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

- The provider had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There were good systems in place to govern the practice and support the provision of good quality care and treatment.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- Staff told us the provider encouraged a culture of openness and honesty.
- The provider actively encouraged patient feedback.
- There was evidence that staff could also feedback about the quality of the operating systems.
- 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 outcomes for patients.

# Nuffield Health Wellbeing Centre Manchester

## Detailed findings

## Background to this inspection

### Background

Nuffield Health Wellbeing Centre Manchester is registered with the Care Quality Commission to provide the regulated activities; Diagnostic and screening; and treatment of disease, disorder and injury.

The service provides health assessments that include a range of screening processes. The aim of the health assessments is to provide a 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. Patients who require further investigations or any additional support are referred on to other services such as their GP or an alternative health provider. This process is managed by a dedicated central referrals team. The centre also provides GP services for private paying patients.

A registered manager is in place. 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.

### How we inspected this service

Our inspection team was led by a CQC Lead Inspector, a second CQC inspector and a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Looked at the systems in place for the running of the service.
- Explored how clinical decisions were made.
- Viewed a sample of key policies and procedures.
- Spoke with staff.
- Viewed an anonymised patient report.
- Made observations of the environment and infection control measures.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.

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.

### Why we inspected this service

# Detailed findings

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.

# 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 provider had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded them from abuse, which included:

- The premises were suitable for the service provided. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a range of health and safety related policies and procedures that were available to staff and kept under regular review. The provider had up to risk assessments for many areas of work and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were regularly checked to ensure they were working properly.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Records showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). (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 induction training and regular refresher training in topics such as; health and safety, fire safety, infection control, basic life support and safeguarding.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff were required to undergo annual safeguarding training and staff interviewed demonstrated they understood their responsibilities regarding safeguarding.
- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. There were infection

prevention and control protocols in place and staff had received up to date training. Quarterly infection control audits were carried out. Systems were in place to ensure clinical waste was appropriately disposed of.

### Risks to patients

There were enough staff, including clinical staff, to meet demand for the service. The service was not intended for use by patients requiring treatment for long term conditions or as an emergency service.

There were processes in place for managing test results and a central referrals team dealt with any required referrals to other services following consultation with the patients.

Adequate arrangements were in place to respond to emergencies and major incidents.

- Staff received annual basic life support training
- The service held a supply of oxygen and a defibrillator.
- Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. Medicines were checked on a regular basis.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Risk assessments had been carried out to identify areas of risk to patients and to ensure appropriate control measures were in place. Quality assurance protocols were in place and a variety of checks were carried out at regular intervals. These were recorded and formed part of a wider quality assurance process overseen by the provider.

### 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 through the service's patient record system and their intranet system. This included investigation and test results, health assessment reports and advice and treatment plans.

### Safe and appropriate use of medicines

There was minimal prescribing carried out at this location and quality assurance systems included clinical oversight of all prescriptions. The only prescribing related to the private GP service. If a health concern, which may require

# Are services safe?

medication, was identified as part of the assessment and screening process then patients were referred on to other services for clinical input. These referrals were managed by a central team referred to as the 'Concierge team'.

## **Track record on safety**

A system was in place for recording, reporting and investigating serious events. The provider's computer system included a clearly marked area for staff to report incidents. There had been no serious events recorded over the past 12 months. Staff told us they would feel confident to raise any events or concerns.

A system was in place for reporting incidents through the provider's quality assurance process. Incidents were

investigated and where any changes to practice were required these were logged and tracked on a quality improvement plan. The provider had a Quality and Safety Committee for oversight of all reported incidents.

## **Lessons learned and improvements made**

Policies and procedures were in place to support the requirements of the Duty of Candour. Staff told us the provider encouraged a culture of openness and honesty and that they would feel confident to report incidents or concerns.

The service had a clear system in place for acting on safety alerts and demonstrating the actions taken in response.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective assessment and treatment

Doctors 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) evidence based practice.

When a patient needed referring for further examination, tests or treatments they were directed to an appropriate agency by a centrally managed referrals team.

### Monitoring care and treatment

The provider had systems in place to monitor and assess the quality of the service including the care and treatment provided to patients. Key performance indicators were in place for monitoring care and treatment and the quality of consultations with patients was monitored through observed practice. The outcome of the observations was used to inform the annual performance review for staff and for the formation of individual training plans.

### Effective staffing

All staff had to complete induction training which consisted of training in topics such as: Basic life support, fire safety, health and safety, infection control, safeguarding, whistle blowing, information governance, equality and diversity, consent, mental capacity, managing stress and business ethics. Doctors were required to undertake this and additional induction and clinical related training. All new staff underwent a probationary period and range of competency checks and their induction was formerly documented. Staff were required to update their training on a regular basis. The manager had a training matrix that identified the training staff had undergone and when training was due. All staff received regular performance reviews.

The provider had a clear staffing structure that included senior staff and regional clinical leads to support staff in all aspects of their role.

### 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 registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance.

A designated team made referrals to other services following consultation with the patient. All referrals were followed up to ensure the patient had been seen by any other services they had been referred to.

### Supporting patients to live healthier lives

The main aim and objective of the service was 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

There was clear information available with regards to the services provided and the cost of these.

Staff understood and sought patients' consent to care and treatment in line with legislation and guidance. All staff had received training on the Mental Capacity Act 2005. The process for seeking consent was monitored through audits of patient records.

# Are services caring?

## Our findings

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

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

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

All feedback we saw about patient experience of the service was positive. We made CQC comment cards available for patients to complete two weeks prior to the inspection visit. We received 18 completed comment cards all of which were very positive and indicated that patients were treated with kindness and respect. Comments included that patients felt the service offered was excellent and that staff were caring, professional and treated them with dignity and respect.

Following consultations, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received.

Staff we spoke with demonstrated a patient centred approach to their work and this was reflected in the feedback we received in CQC comment cards and through the provider's patient feedback results.

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**

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. 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. Information could be provided in a range of alternative formats and interpreter services were provided as required.

### **Privacy and Dignity**

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Signs advised patients that chaperones were available should they want this and staff who provided chaperoning had been provided with training in this.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### **Responding to and meeting patients' needs**

The provider made it clear to the patient what services were offered and the limitations of the service were clear.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. All staff had been provided with training in equality, diversity and inclusion.

Discussions with staff indicated that the service was person centred and flexible to accommodate people's needs. Individualised reports were provided to patients that were tailored to their particular needs. Patients were also provided with a range of additional information to increase their knowledge and awareness of their health and lifestyle choices.

### **Timely access to the service**

Patients booked appointments through a central appointments management team and there was a three month planning period. Patients received the majority of results of their assessment and screening within an hour of having undergone the assessments.

### **Listening and learning from concerns and complaints**

The provider had a complaints policy and procedure and information about how to make a complaint was available for patients. The complaints information detailed that complainants could refer their complaint to the Independent Health Care Advisory Service if they were not happy with how their complaint had been managed or with the outcome of their complaint. The complaints policy contained appropriate timescales for dealing with a complaint.

There was a lead member of staff for managing complaints and all complaints were reported through the provider's quality assurance system. This meant that any themes or trends could be identified and lessons learned from complaints could be shared across the organisation. We found there had been no formal complaints received.

The provider had a customer satisfaction portal 'Contact me'. This enabled patients to leave feedback on their experiences of the service. Any feedback from patients that indicated that there could be improvements made to the service were looked at as part of the provider's quality assurance processes and improvements had been made in response.

# 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 a well-led service in accordance with the relevant regulations.

### **Leadership capacity and capability;**

The service is provided by Nuffield Health and as such is part of a large organisation providing a range of healthcare services nationally.

The provider had a range of reporting mechanisms and quality assurance checks to ensure appropriate levels of capacity were available at this location.

Processes were in place to check on the suitability of and capability of staff in all roles. Staff in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities and the limitations of these. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with good training opportunities linked to their roles and responsibilities and professional development goals.

### **Vision and strategy**

The provider had a clear vision to provide a high quality responsive service that put caring and patient safety at its heart. A business plan was in place and key performance indicators were in place linked to sustainability.

### **Culture**

The service had an open and transparent culture. 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. A whistle blower 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 also held where staff could suggest improvements to the service.

### **Governance arrangements**

There was a clear organisational structure and staff were aware of their roles and responsibilities. There was a range of service specific policies that were available to all staff. These were reviewed regularly and updated when necessary.

There was a range of processes in place to govern the service in all aspects of service delivery including the clinical aspects of the service. A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels.

Systems were in place for monitoring the quality of the service and making improvements. This included the provider having a system of key performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from patients.

A designated 'Quality and Safety Committee' had oversight of matters relating to the safety and quality of the service. A range of clinical leads had oversight of clinical aspects of the service.

### **Managing risks, issues and performance**

There were arrangements for identifying, recording and managing risks and for implementing mitigating actions. 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.

### **Appropriate and accurate information**

Systems were in place to ensure that all patient information was stored and kept confidential.

There were policies and IT systems in place 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.

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

Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored

# Are services well-led?

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

and action was taken if feedback indicated that the quality of the service could be improved. The provider's system for analysing patient feedback provided a breakdown of patient experience of staff in different roles.

## **Continuous improvement and innovation**

There was a focus on continuous learning and improvement at all levels within the service. The manager told us that the provider and staff at this location consistently sought ways to improve the service.

Staff were encouraged to identify opportunities to improve the service delivered through team meetings, the appraisal process and staff surveys.

The provider was in the process of reviewing information technology systems across the organisation to improve the effectiveness of access to, and sharing of, patient information.