

Nuffield Health

# Nuffield Health Bristol Fitness and Wellbeing Centre

## Inspection report

Nuffield Health Bristol Fitness and Wellbeing Centre  
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## Overall summary

We carried out an announced comprehensive inspection on 5 January 2016 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**

Bristol Fitness and Wellbeing Centre is part of Nuffield Health a not-for-profit healthcare provider. The health assessment clinic is based within the centre. Over 90% of patients seen in the clinic are employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided to adults and older people privately and are not currently commissioned by NHS. The clinic is closely linked to the Bristol Nuffield Hospital. The organisation promotes involvement in the local community and the centre supports local community events such as the Park on Park Street and Bristol Sports Day by offering free health advice sessions and information.

The core opening hours for the clinic are Monday to Friday 8.30am-5.00pm.

The staff team at the clinic consisted of a full time health screening doctor and four physiologists. (a physiologist is a graduate in exercise, nutrition and health sciences, and are full professional members of the Royal Society for

# Summary of findings

Public Health (RSPH). They are trained to carry out health assessments, give advice and motivate lifestyle changes affecting areas such as exercise, nutrition, sleep and stress management. The team undertook the planned health assessments.

The Integrated Clinical Services 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.

We obtained feedback about the clinic from three completed Care Quality Commission comment cards and speaking with a patient during the inspection. The observations made by patients on the comment cards were all positive and reflected satisfaction with the clinic.

We found the service had met the regulations and had in place robust systems and protocols for staff to follow which kept patients safe.

## **Our key findings were:**

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- All health assessment rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly, including the blood screening equipment.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- Staff maintained the necessary skills and competence to support the needs of patients.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
- Staff were kind, caring, competent and put patients at their ease.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

# 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 systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Risk management processes were in place to mitigate risk and prevent harm. The staffing levels were appropriate for the provision of care and treatment. Staff had received training about safeguarding and whistleblowing, they knew the signs of abuse and to whom to report them. We found the equipment and premises were well maintained with a planned programme of maintenance.

### **Are services effective?**

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

The clinic provided evidence based care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance such as that from the National Institute for Health and Care Excellence. Patients received a comprehensive assessment of their health needs which included their medical history. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff who were registered with a professional body such as the General Medical Council had opportunities for continuing professional development and were meeting the requirements of their professional registration. Staff demonstrated a thorough understanding of the Mental Capacity Act 2005.

### **Are services caring?**

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

Feedback from patients spoken with and through completed comment cards was positive about their experience at the clinic. Patients told us they were listened to, treated with respect and were involved in the discussion of their treatment options which included any risks, benefits and costs. Patients were contacted after consultations for feedback. We observed the staff to be caring and committed to their work. Patients said staff displayed empathy, friendliness and professionalism towards them. We found staff spoke with knowledge and enthusiasm about their work and the team work at the clinic.

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

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

Patients could access planned assessments, and could request direct contact with the doctor to discuss results or for any further advice. The clinic had made reasonable adjustments to accommodate patients with a disability or impaired mobility. The clinic handled complaints in an open and transparent way and apologised when things went wrong. The complaint procedure was readily available for patients to read in the reception area and on the organisation's website.

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

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

There was a management structure in place and staff understood their responsibilities. The registered manager was always available and the culture within the clinic was open and transparent. Staff were aware of the organisational ethos and philosophy and told us they felt well supported and could raise any concerns with the provider or the registered manager. There were effective clinical governance and risk management structures in place. There was a

# Summary of findings

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pro-active approach to identify safety issues and to make improvements in procedures where needed. The clinic assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The clinic sought the views of staff and patients. The registered manager and provider ensured policies and procedures were in place to support the safe running of the clinic. Regular staff meetings took place and these were recorded.

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# Nuffield Health Bristol Fitness and Wellbeing Centre

## Detailed findings

### Background to this inspection

We inspected this service as part of our new comprehensive inspection programme 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, to look at the overall quality of the service, under the Care Act 2014.

We carried out an announced comprehensive inspection at Nuffield Health Bristol Fitness and Wellbeing Centre on 5 January 2015 as part of the independent doctor's inspection pilot.

Our inspection team was led by a CQC Lead Inspector accompanied by a GP Specialist Advisor.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. Prior to the inspection we reviewed the last inspection report from 14 August 2014, any notifications received, and the information provided from pre-inspection information request.

We informed NHS England and Bristol Clinical Commissioning group we were inspecting the service; however we did not receive any information of concern from them.

During our visit we:

- Spoke with the centre management team, the doctor employed at the clinic and two of the physiologists employed at the clinic.
- Observed how patients were being cared for and talked with them to obtain feedback about the service.
- Reviewed records and documents.
- Reviewed comment cards where patients and members of the public 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:

- 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

### Reporting, learning and improvement from incidents

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the service manager of any incidents verbally and there was also a recording system available on the computer system (Datix) which all staff had received training to use. The clinic carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at monthly meetings. For example, a patient had experienced some adverse symptoms when being assessed against a new protocol. This was immediately reported and a review of the protocol was undertaken to provide assurance about its effectiveness.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared nationally to make sure action was taken to improve safety in the clinic.

When there were unintended or unexpected safety incidents, patients receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Reliable safety systems and processes (including safeguarding)

The clinic had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The organisation had arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. We observed local reporting protocols and organisational 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. The organisation had a lead professional for safeguarding with a 24 hour on call arrangement so concerns could be reported at any time. There was also a lead member of staff for safeguarding based within the clinic. All staff had received training for both adults and children although the service was not provided to children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice in the waiting room advised patients that staff were available to act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw there was capacity within the patient record system to note where chaperones had been offered or used and to identify the chaperone.

We found the electronic patient record system was only accessible for staff with delegated authority which protected patient confidentiality. There was off site record back up system.

### Medical emergencies

The clinic had adequate arrangements in place to respond to emergencies and major incidents. There was a push button alarm in all the health assessment rooms which alerted staff to any emergency. All staff received annual intermediate life support training. Emergency medicines and equipment were easily accessible to staff in a secure area of the clinic and all staff knew of their location.

The clinic had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm) and oxygen with face masks for both adults and children. The centre also had medicines for use in an emergency in accordance with guidance from the British National Formulary. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. Training records showed all staff had completed training in emergency resuscitation and life support. Staff we spoke with demonstrated they knew how to respond if a patient suddenly became unwell.

The centre also had trained first aiders with first aid kits and an accident book available on site. We saw there were no recorded accidents over the last 12 months related to the clinic.

### Staffing

All the records related to staff recruitment were held by the organisation at their head office. We viewed electronically

# Are services safe?

two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. These details were only available by specific request; the clinic held no personnel details such as the proof of identity on site.

Arrangements were in place for planning and monitoring the number of staff needed to meet patient's needs. There was a planning system in place to ensure enough staff were available to support patients attending for health assessments.

## **Monitoring health & safety and responding to risks**

There were procedures in place for monitoring and managing risks to patient and staff safety. All of the staff team undertook health and safety awareness training as part of their induction. Some staff members had further delegated responsibilities for implementing health and safety at work. For example, we found the centre had been assessed for risk of fire and two fire marshals had been appointed. Fire safety equipment had been regularly serviced and records demonstrated staff had been involved in fire drills.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

The health clinic worked closely with the Bristol Nuffield Hospital where they would relocate if there were an emergency which impacted on the daily operation of the clinic. Other risks identified which could impact on the service included server failure and access to the building. In event that the clinic was unusable the organisational contact centre held details of the alternate facilities for patients to access and emergency contact numbers for staff.

## **Infection control**

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, hand hygiene, segregation and disposal of clinical waste.

The centre had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the centre. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of according to the guidance.

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. There were good supplies of personal protective equipment for patients and staff members.

This process ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

We looked at the health assessment rooms where patients were examined and treated. All rooms and equipment appeared clean, uncluttered and well-lit with good ventilation. There was a daily check completed in each consultation room for cleanliness and equipment by the physiologists. We saw the laboratory where the testing took place had its own programme for cleaning and monitoring for infection control. There was a good supply of cleaning equipment which was stored appropriately. The centre had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance of colour coding equipment to prevent the risk of infection spread.

## **Premises and equipment**

The clinic was based within a Nuffield Health Bristol Fitness and Wellbeing Centre sited on the first and second floor of a commercial building. Access to the clinic was controlled by a keypad entry system. We observed there was a manned reception area and a small patient waiting area.

## Are services safe?

The clinic consisted of three health assessment rooms, a reception/waiting area and a laboratory for routine sample testing. The clinic also had a shower room and toilet available for patients.

Appropriate adaptations had been made to ensure the building was fit for purpose, for example, there was lift access to the centre. The landlord had responsibility for some building maintenance and repair; the clinic had contracts and processes in place to ensure a safe environment for patients and staff.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The clinic also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and moving and handling of loads.

There were systems in place to check all equipment had been serviced regularly, including the fire extinguishers and

oxygen cylinder. We were shown the annual servicing certificates which showed the clinic had an efficient system in place to ensure all equipment in use was safe, and in good working order. There was a system in place for the reporting and maintenance of faulty equipment. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

The building had in-built security and alarm systems. The centre had nominated fire wardens who took the lead in evacuating the building when there was an alarm.

### **Safe and effective use of medicines**

The service did not keep any medicines on the premises except for emergency medicines. The arrangements for managing emergency drugs in the clinic kept patients safe (including obtaining, prescribing, recording, handling, storing and security).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Patients who used the clinic initially completed an online self-assessment document which requested medical history information and included patient consent. The online submission created an individual confidential portal for each patient where they could access their health assessment and results. The clinicians undertook face to face assessments informed by evidence based guidance and standards, including those issued by National Institute for Health and Care Excellence (NICE). For example, the clinic used the NICE guidance for exercise ECG's.

The clinic had systems in place to keep all clinical staff up to date. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patient's needs. The organisation monitored these guidelines were adhered to through routine audits of patient's records.

### Staff training and experience

We found staff had the skills, knowledge and experience to deliver effective care and treatment. The clinic had a basic induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction log was held in each staff file and signed off when completed. There was also role specific induction training which ensured staff were competent for the role to which they had been appointed.

We found the clinic demonstrated through their records, and by our speaking with staff, they provided mandatory training and updating for all staff. Staff had access to and made use of e-learning training modules and in-house training. The learning needs of staff were identified through a system of meetings and appraisal which were linked to organisational development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing

support during sessions, one-to-one meetings, appraisal, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.

### Working with other services

The information needed to plan for the delivery of health assessments was available to relevant staff through the clinic's patient record system and the organisation's 'extranet' system. This included patient self-assessments, clinician's assessments and records, and investigation and test results. The clinic shared relevant information with the patient's permission with other services, for example, when referring patients to secondary health care or informing the patient's own GP of any concerns. For example, we saw where the health assessment had identified significant findings; the doctor ensured a letter was sent to the patient's GP without delay. Nuffield Health had a 'concierge system' in place which guided patients through the process of accessing secondary care.

Staff worked together and with other health care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services or after they were discharged from hospital.

### Consent to care and treatment

We found staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The clinic did not provide services for children and young people. We saw the clinic obtained written consent before undertaking procedures and specifically for sharing information with outside agencies such as the patient's GP. Information about fees was transparent and available online. The process for seeking consent was demonstrated through records. We saw there was capacity within the patient record system to note where consent had been given. This showed the clinic met its responsibilities within legislation and followed relevant national guidance.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

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

We observed curtains were provided in consulting rooms to maintain patient's privacy and dignity during examinations, investigations and treatments. Consultation room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

We observed patients were dealt with in a kind and compassionate manner. We observed staff being polite, welcoming, professional and sensitive to the different needs of patients. Staff we spoke with were aware of the importance of protecting patient confidentiality and reassurance.

The provider and staff explained to us how they ensured information about patients using the clinic was kept confidential. The clinic had electronic records for all patients which were held securely. The day to day operation of the clinic used computerised systems and the clinic had an external backup for this system. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality.

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

Staff told us patient's medical status was discussed with them in respect of decisions about the care and treatment they received. We saw these discussions were documented. The provider told us they used a number of different methods including display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. We saw a range of information available in the clinic. The comments from patients indicated they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision.

Patients completed CQC comment cards to tell us what they thought about the clinic. All of the comments were positive about the health assessments. Patients said they felt the clinic offered an excellent service and staff were efficient, helpful, caring and knowledgeable. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the clinic. The clinic completed their own surveys from patients about the aspects of the service. The patient surveys for September and October 2015 indicated a high level of satisfaction with the health assessment and the staff team.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The clinic offered flexible opening hours and appointments to meet the needs of their patients. The range of services was kept under review to meet demand. The clinic undertook a range of onsite sample testing which ensured patients had test results available for their consultation with the doctor. Staff reported the clinic scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

The facilities at the centre complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and an inner waiting room with refreshments available for patients. The health assessment rooms were well designed and well equipped.

The clinic had effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment, which ensured delays in assessment and treatment were avoided.

### Tackling inequity and promoting equality

The health assessment service was offered on a fee basis and was only accessible to people on this basis. However, the centre as a whole was involved in working with the local community to raise awareness of health issues. For example we observed there were free monthly themed events at the centre which provided education about health related topics such as family health. These are open to the public and promoted through press releases and on local event websites.

We asked staff to explain how they communicated with patients who had different communication needs such as those who spoke another language. Staff told us they

treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They could contact a telephone translation service when required.

There was level access into the building and a lift to the clinic. The clinic had accessible facilities available for patients.

### Access to the service

Appointments were available at varied times Monday to Friday and the length of appointment was specific to the patient and their needs. Patients who needed to access care in an emergency or outside of normal opening hours were directed to the NHS 111 service.

### Concerns & complaints

There was a complaint policy which provided staff with information about handling formal and informal complaints from patients. Information for patients about how to make a complaint was available in the clinic waiting room and on the clinic website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the investigation into their complaint. The designated responsible person who handled all complaints was the registered manager.

We reviewed the complaint system and noted all comments and complaints made to the clinic were recorded. We read the procedure for acknowledging, recording, investigating and responding to complainants. We saw there was an effective system in place which ensured there was a clear response with learning disseminated to staff about the event. No complaints had been received by the clinic in the past 12 months however comments had been recorded and responded to with a course of action identified if needed. For example, we saw there were comments from the patient survey about the access to the Nuffield Health online portal; these had been passed to the organisation for action.

# Are services well-led?

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

## Our findings

### **Governance arrangements**

The governance arrangements of the clinic were evidence based and developed through a process of continual learning. The clinic had a number of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE).

The registered manager had responsibility for the day to day running of the clinic. They held regular meetings with the staff to discuss any issues and identify any actions needed. There was a clear leadership structure with named members of staff in lead roles. For example, there was a clinic manager and a clinical lead who oversaw the health assessment staff team.

Nuffield Health had been awarded ISO 9001 quality for their documentation and quality management systems.

### **Leadership, openness and transparency**

The clinic was part of a national organisation which had an extensive governance and management system which provided the guidance and protocols as well as the hierarchy to run the clinic and ensure high quality care. There was a clear leadership structure in place and staff felt supported by management. Staff told us management were approachable and always took the time to listen to them.

The provider was aware of and complied with the requirements of the Duty of Candour. The organisation encouraged a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents.

We found the clinic held regular team meetings. Staff told us there was an open culture within the clinic and they had the opportunity to raise any issues at team meetings. Staff were involved in discussions about how to run and develop the clinic, and to identify opportunities to improve the clinic.

### **Learning and improvement**

Staff told us the organisation supported them to maintain their clinical professional development through training and mentoring. The management of the clinic was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff. We found formal appraisal had been undertaken and was embedded within the culture of the organisation. The staff we spoke with told us the organisation was supportive of training and professional development, and we saw evidence to confirm this.

A programme of audits ensured the clinic regularly monitored the quality of care and treatment provided and made any changes necessary as a result. For example, we found the patients records were audited for quality of content and to ensure appropriate referrals or actions were taken.

### **Provider seeks and acts on feedback from its patients, the public and staff**

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patient's feedback post consultation about the delivery of the service. The clinic had also gathered feedback from staff through a staff survey, through staff meetings, appraisals and discussion.