

Announced Inspection Report: Independent Healthcare

Service: Nuffield Health Aberdeen Fitness And
Wellbeing Centre

Service Provider: Nuffield Health

23 September 2021

Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2021

First published November 2021

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	A summary of our inspection	4
<hr/>		
2	What we found during our inspection	7
<hr/>		
	Appendix 1 – Requirements and recommendations	15
	Appendix 2 – About our inspections	16
<hr/>		

1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Nuffield Health Aberdeen Fitness and Wellbeing Centre on Thursday 23 September 2021. We spoke with both the service and clinic managers during the inspection. We received no feedback from patients through an online survey we had asked the service to issue for us before the inspection. However, we spoke with three patients over the telephone following the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Nuffield Health Aberdeen Fitness and Wellbeing Centre, the following grades have been applied to key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The service was proactive in its approach to ensuring the service was safe. Staff had an extensive understanding of risk management principles, and robust policies and procedures had been implemented. A comprehensive audit programme was in place.	✓✓ Good

Key quality indicators inspected (continued)		
Domain 9 – Quality improvement-focused leadership		
Quality indicator	Summary findings	Grade awarded
9.4 - Leadership of improvement and change	The service had a comprehensive approach to quality improvement. This was clear through the governance, frameworks, vision and strategies implemented at local level. The vision was being driven by staff and supported by senior leaders in an open and transparent way.	✓✓✓Exceptional

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive consultations and assessments were carried out before treatment. All information about assessments, treatment and ongoing care was clearly documented and discussed with patients. Patients' next of kin or emergency contact details should be documented.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Systems and processes were in place to help make sure staff recruitment was safe and effective. All pre-employment and ongoing safety checks had been completed for staff. Induction and appraisal programmes were in place. Staff were clear on their roles and responsibilities and received regular role-specific training.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Nuffield Health to take after our inspection

This inspection in one recommendation (see Appendix 1).

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at Nuffield Health Aberdeen Fitness and Wellbeing Centre for their assistance during the inspection.

2 What we found during our inspection

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The service was proactive in its approach to ensuring the service was safe. Staff had an extensive understanding of risk management principles, and robust policies and procedures had been implemented. A comprehensive audit programme was in place.

Patients were cared for in a clean and safe environment. Good systems were in place to achieve this, including cleaning schedules, equipment servicing and maintenance contracts, and regular internal and external checks and audits. All equipment used was single use to prevent the risk of cross-infection. An infection prevention and control policy was in place and clinical staff had good awareness of infection prevention and control practices and measures, including those for COVID-19.

The service had a proactive approach to protecting the health, safety and wellbeing of patients, visitors and staff. Staff had a good understanding of how risk management principles applied across all aspects of the service. Appropriate risk assessments had been carried out and suitable policies showed how key aspects of the service would be managed. Risk assessments were presented on an online risk register with a clear risk rating attached. The risk register was discussed at monthly management team meetings.

An accident and incident investigation process was in place, and we reviewed detailed records of some adverse events that had taken place in the service. Incidents concerning patients were also documented in the patient care records. Individual risk assessments were carried out to identify if further actions could be taken and each follow-up intervention was also clearly

documented in the notes. Management teams reviewed incidents that occurred to ensure a transparent, focused and comprehensive approach was being taken to managing incidents.

The provider's outcomes framework detailed audits to be carried out in the service and their frequency. This helped to support the safe delivery of care and clinical excellence, as well as inform quality improvement, clinician support and training, and to help with benchmarking across all the Nuffield services. The service's audit programme included:

- patient care records
- safety and maintenance of the care environment
- infection prevention and control measures
- patient feedback and satisfaction
- cleaning schedules, and
- stock checks and procurement processes.

We saw examples of completed audits with areas for improvement identified, and planned actions and timeframes for completion. Team meetings were used as a way to disseminate information to staff about audit results and any changes or improvements in practice needed, where necessary.

Arrangements were in place to deal with medical and other types of emergencies. This included staff training on how to deal with medical emergencies, including new measures for COVID-19, first aid supplies and equipment, fire equipment and evacuation drills.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive consultations and assessments were carried out before treatment. All information about assessments, treatment and ongoing care was clearly documented and discussed with patients. Patients' next of kin or emergency contact details should be documented.

Before attending for their health assessment, patients were emailed detailed information on preparation, what tests they might need, COVID-19 guidance, what to expect on the day and information on aftercare.

We reviewed five electronic patient care records. These showed that comprehensive consultations and assessments had been carried out. This helped to make sure treatment was planned and delivered in a way that was individualised. Information was also included about the potential risks of treatment to their health. This ensured that patients' suitability for treatment and the range of different health care assessments available had been assessed. Patients' expectations were managed through the continued assessment and treatment period.

We saw that all entries in the patient care records were automatically electronically signed and dated, including times.

Treatment plans set out the course and frequency of treatment. We saw that these had been developed and agreed with patients. Patient care records documented that a copy of the treatment plan had been given to the patient for their own reference. Comprehensive records of each treatment session were kept, including a breakdown of all physiological aspects of their health care needs.

Follow-up or missed patient appointments were automatically flagged and rescheduled accordingly. Urgent referrals to other services, such as oncology services, were also followed up by the service's GP or other relevant practitioners to ensure patients received necessary care and treatments.

Feedback we received from patients included:

- 'Staff were efficient, knowledgeable and very caring.'
- 'A very personal approach, involved in the outcomes.'
- 'Gives you confidence.'

Appropriate policies and standard operating procedures were in place to manage information governance.

What needs to improve

Although a prompt was available on the patient care record, we found that patients' next of kin details were not being documented. This information (with patient agreement) should be included in the event of an emergency situation (recommendation a).

- No requirements.

Recommendation a

- The service should ensure patients' next of kin or emergency contact details are documented appropriately in patient care records.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Systems and processes were in place to help make sure staff recruitment was safe and effective. All pre-employment and ongoing safety checks had been completed for staff. Induction and appraisal programmes were in place. Staff were clear on their roles and responsibilities and received regular role-specific training.

Staff files were kept electronically with appropriate security and access permissions in place. We reviewed two clinical staff files. All files were kept within individual staff files and were well organised. They contained a checklist to ensure that all the appropriate recruitment and background checks had been carried out. All mandatory checks were the same for doctors whether they had a permanent contract or were providing a locum service.

Staff induction included an introduction to key members of staff, and requirements for statutory and mandatory training as well as role-specific training. Staff members kept and updated their own induction and training documentation. This was then uploaded to the central system. We were told that new staff were allocated a mentor, with the length of the mentorship based on the skills, knowledge and experience of the new member of staff. Staff had the opportunity for further support and could work alongside various peers and colleagues, if required.

Staff were able to access the learning and development opportunities through an online academy for learning.

All training delivered to staff was electronically recorded and could be viewed by the individual member of staff and the clinic manager. This system enabled staff to request mandatory and optional training throughout the year.

The provider had recently introduced a new healthcare procedures techniques services and technologies policy. This ensured ongoing professional development opportunities were available, including education in new processes and on the use of equipment. Regular supervision sessions took place to provide support to staff.

We saw that appraisals had been carried out for all clinical staff for the previous year, and that planning for this year's appraisals had started.

Staff we spoke with were clear about their roles and responsibilities in the service.

- No requirements.
- No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service had a comprehensive approach to quality improvement. This was clear through the governance, frameworks, vision and strategies implemented at local level. The vision was being driven by staff and supported by senior leaders in an open and transparent way.

The service's primary care governance framework detailed the wide range of committees and expert advisory groups for high risk services and clinical specialisms that had been set up. These accountability and reporting structures helped to drive quality and safety for patients by ensuring appropriate governance was in place, and by continually reviewing progress with quality improvement in the service.

The service's strategic plan described its business model, aims and objectives. Quality improvement was embedded at Board level. We saw minutes of recent Board meetings where quality improvement was included as a standing agenda item. Detailed actions for the next year to be taken forward included:

- introducing an online booking system
- developing new Personalised Assessment for Tailored Health (PATH) modules, such as for digestion, skin health, long COVID
- growing the GP network coverage, and
- implementing a digital GP service.

Regular senior leadership team meetings had an overview of operational issues and developments, and team performance. Information from these meetings was discussed at individual team meetings. Staff we spoke with were clear about the reporting structures in the service. Staff were encouraged and given the opportunity to identify innovation and improvements in the service. This

included leading on a national audit, reviewing data and leading on the implementation of changes to enhance patient care. Staff we spoke with were familiar with, positive about and felt supported by senior management teams. They told us they were able to contact any member of these teams for advice, support and were confident their views, ideas and concerns were taken seriously. Outcomes were fed back to staff regularly by appropriate senior leaders.

Staff were also encouraged to participate in reflective learning during supervision and peer support sessions to ensure best practice was being maintained in line with service requirements. This included areas of concern for staff and staff learning opportunities.

A quality improvement strategy had been produced which provided the service with a structured approach to continuous improvement. Staff had been trained in recognised quality improvement techniques. The provider's strategic objectives, key processes and performance indicators helped achieve the service's aim of continuous improvement. We saw year-on-year progress with how improvements were being implemented. Results from these key objective and performance indicators were used to help with benchmarking across all the Nuffield services.

The information and data was used when comparing the service to other local organisations who offered the same or similar services. There was evidence to suggest how the service worked collaboratively with local NHS services, comparing waiting times for treatments. This information was discussed at Board meetings and disseminated to local teams for information and also for suggestions and ideas on how to enhance the existing service provided as a direct result. For example, a Long Covid 12-week rehabilitation programme offered by local services.

The service also offered and worked together with local schools and communities to develop programmes that would benefit the general public. For example, work was being carried out with local lesbian, gay, bisexual, and transgender (LGBT) organisations.

A quality improvement approach was evident throughout all aspects of the service. The quality and governance meetings had a focus on shared learning from audits, incidents, complaints and risks. For example, a recent audit performed by a member of staff resulted in the development and introduction of the centralised referral support team.

The clinic manager was able to share information through the local reporting and recording process. This helped the service track progress and demonstrate how its improvement activities aligned with the strategic plan and improvement strategy.

Quality improvement was paramount to the service. We saw evidence of senior management meetings with this being a standing agenda item. Examples of challenges being used as opportunities included additional resources being made available to ensure continuous quality improvement was maintained. This included doctors from other services being made available for local services due to staff sickness and recruitment difficulties.

We saw minutes of monthly staff meetings. Staff were given the opportunity at these meetings to share their ideas, suggestions for improvements or training and development needs they had identified. The clinic manager told us they were receptive and supportive to this process and encouraged staff to improve.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Requirements	
None	
Recommendation	
a	<p>The service should ensure patients' next of kin or emergency contact details are documented appropriately in patient care records (see page 10).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.14</p>

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org