

Nuffield Health

# Nuffield Health - Sheffield Fitness and Wellbeing Centre

## Inspection report

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Date of inspection visit: 16 October 2018  
Date of publication: 06/12/2018

### Overall summary

We carried out an announced comprehensive inspection at the above provider on 16 October 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.

The Nuffield Health Sheffield Fitness & Wellbeing Centre opened in 2014 and provides a range of screening and health assessments relating to the promotion of physical and mental wellbeing of people. These diagnostic and screening services are available to both corporate and fee paying private patients aged 18 years or over. The clinic is open five days a week for physiotherapy and three days each week for health assessments. Two health assessment GPs work in the clinic alongside two physiotherapists and one lead physiologist who is also the clinic manager and supported by a wider team of physiologists.

The Nuffield Health Sheffield Fitness & Wellbeing Centre is registered with the Care Quality Commission to provide a doctors consultation service and a doctors treatment service for the regulated activities of treatment of disease, disorder or injury.

# Summary of findings

Feedback obtained through comment cards completed and speaking with patients during the inspection was excellent. We receive 10 comment cards and spoke to three patients.

## **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. This included a clinic manager and a general manager.
- Clinicians were committed to improving the outcomes of patients and delivering quality and holistic 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 and staff training was delivered through the Nuffield Health Academy on-line learning system.

# Nuffield Health - Sheffield Fitness and Wellbeing Centre

## Detailed findings

### Background to this inspection

The Nuffield Health Sheffield Fitness & Wellbeing Centre provides a range of screening and health assessments relating to the promotion of physical and mental wellbeing of people. These diagnostic and screening services are available to both corporate and fee paying private patients aged 18 years or over. The clinic is open five days a week for physiotherapy and three days each week for health assessments. Two health assessment GPs work in the clinic alongside two physiotherapists and one lead physiologist who is also the clinic manager and supported by a wider team of physiologists.

The Nuffield Health Sheffield Fitness & Wellbeing Centre is registered with the Care Quality Commission to provide a doctors consultation service and a doctors treatment service for the regulated activities of treatment of disease, disorder or injury.

This announced comprehensive inspection took place on Tuesday 16 October 2018 by a lead inspector and a General Practitioner specialist advisor.

Information was gathered and reviewed before the inspection from stakeholders and pre-inspection returns. On the day of inspection we talked to people using the service, interviewed staff, used observation and review of documents.

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

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

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

# Are services safe?

## Our findings

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

### Safety systems and processes

- The provider managed health and safety effectively and had policies and systems in place to keep people safe and safeguarded from abuse.
- There was a range of health and safety related policies which were regularly reviewed. 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 an annual IPC 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 and all staff that we spoke with could demonstrate they had a good understanding of both adult and childrens safeguarding. Children did not access this service.
- 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).
- All staff had a focus on continuing professional development and staff training was delivered through the Nuffield Health Academy on-line learning system.

### 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 through the service's patient record system and provider intranet. This included information relating to initial health assessment, investigations 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 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 so that lessons could be learned and services could be improved 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 well being of people. Patients completed a comprehensive online health questionnaire prior to their appointment, to support them to access the assessment best suited to them.

Most 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 2018, 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.
- The role of the Health and Wellbeing Physiologist was aimed at detection, prevention, proactive action and limitations.

### 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.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

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. 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 and professional service.
- At the end of every consultation, patients were sent a survey asking for their feedback. Comments we saw suggested that patients were very positive about staff and the service they received.

### 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 and a range of bespoke health assessments. 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.
- The role of the health and wellbeing physiologist was underpinned by a strong emphasis on behaviour change techniques such as motivational interviewing to drive and support healthy behaviours.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Consultation room doors in clinical areas and outpatients 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. 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 depending on what they were such as additional blood tests, but most blood tests were back within one hour.

The clinic is open five days a week for physiotherapy and three days each week for health assessments. Two health assessment GPs work in the clinic alongside two physiotherapists and one lead physiologist who is also the clinic manager and supported by a wider team of physiologists.

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 that there had been one patient complaint in the last 12 months relating to a patient who had been dissatisfied with the service. We found this complaint had been responded to satisfactorily and changes made 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 managers that we spoke to at Nuffield Health Sheffield Health and Wellbeing Centre demonstrated they had the experience, capacity and capability to run the service. They told us they prioritised safe, high quality, individualised care.
- The links between local leadership and the parent organisation were evident and effective. We were informed that staff were supported by both the clinic and national management team.
- Staff were aware of their roles and responsibilities. Nuffield Health Sheffield Health and Wellbeing Centre is a small team, although we saw that they were supportive of one another and there was a cohesive approach.

### Vision and strategy

- The provider had a clear vision to provide a high quality service. All staff shared this view and spoke enthusiastically about the work they undertook to achieve the vision. They told us that they always 'put quality at the heart of everything they 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 whistle-blower is someone who can raise concerns about the service or staff within the organisation.)

- Staff told us that their views were regularly sought and were collated and analysed to action improvements. Regular governance 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 to ensure a corporate and consistent 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.

### 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. There was both local and national organisational insight.

### 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.
- We saw evidence of innovative practice across the organisation. For example the centre held a number of Meet Our Expert events such as Nutritionists and Stress Management Coaches to promote health and wellbeing across the city.
- Staff working at the Nuffield Health Sheffield Fitness & Wellbeing Centre had professional accreditation with the Royal Society of Public Health.

## **Continuous improvement and innovation**

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