

Nuffield Health - Sheffield Fitness and Wellbeing Centre

Inspection report

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Sheffield
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Nuffield Health – Sheffield Fitness and Wellbeing Centre on 1 September 2022 as part of our inspection programme. The inspection was carried out to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The service registered with the Care Quality Commission (CQC) in 2014 and was inspected in 2018 but not rated. This was the first rated inspection of the service.

The service provides a range of screening and health assessments relating to the promotion of physical and mental wellbeing of people. Patients are provided with a comprehensive report of the findings of the assessment and referrals are made to other services or support services if required. This service is available to both corporate and fee paying private patients aged 18 years or over.

Nuffield Health – Sheffield Fitness and Wellbeing Centre is registered with the CQC to provide the following regulated activities:

Diagnostic and screening procedures and treatment of disease, disorder or injury.

This service is registered with CQC under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of some, but not all, of the services it provides. For example, the gym, fitness programmes and pool do not fall within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service had a 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 did not speak to any patients during the inspection but we reviewed feedback received by the provider from patients following their consultations. All were positive about the service. Where feedback had been received, changes and improvements had been made.

Our key findings were:

- The provider had systems and processes for monitoring and managing risks and safety.
- Best practice guidance was followed when referring or signposting patients for further care or support.

Overall summary

- Staff were clear on their roles and responsibilities and had received appropriate training relevant to their role.
- We saw patient and staff feedback was acted on.
- There was a clear strategy and vision for the service. The leadership and governance arrangements promoted good quality care and whilst the provider's strategies and supporting objectives and plans were innovative, they remained achievable resulting in improved patient outcomes.

We saw the following outstanding practice:

- The provider had implemented a number of charitable flagship programmes to widen access for patients and ease the burden on the NHS. This included offering free 12 week programmes such as the COVID-19 rehabilitation programme to support patients physically and emotionally and the joint pain programme to support patients who were awaiting hip and knee replacements to self manage chronic pain. The provider had also worked in partnership with the Sheffield University on a pilot research project to evaluate the effectiveness of long term supported exercise intervention for men with advanced prostate cancer who had undergone treatment.

The areas where the provider **should** make improvements are:

- Continue with the plan to carry out second cycles of clinical audits to ensure actions are driving improvement.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser

Background to Nuffield Health - Sheffield Fitness and Wellbeing Centre

The registered provider is Nuffield Health which is a large corporate provider with 37 hospitals, 114 fitness and wellbeing clubs (15 of these have clinics) and over 200 workplace wellbeing services across the country.

This location has one GP and two Physiologists who work in the clinic. Management is provided by a general manager who is also the registered manager with CQC for the service. The team are supported by the registered provider who controls the governance and standards within its locations by providing policies, procedures and monitoring compliance with standards.

Nuffield Health – Sheffield Fitness and Wellbeing Centre is located at Napier Street, Sheffield, S11 8HA. The service was first registered with CQC in 2014 and was inspected in 2018 but not rated. This is the first rated inspection of the service. The service provides the regulated activities of diagnostic and screening and treatment of disease, disorder or injury. The clinic provides health assessments only to patients aged 18 years and over and does not prescribe medication or treat patients. Referrals are made for patients whose test results warrant further investigation or treatment. Activities outside the CQC scope of regulation include the gym, fitness programmes and the swimming pool.

The clinic opening times are:

Wednesday to Friday 8am to 4.30pm.

The service is run from premises which include a suite of consultation and treatment rooms, a small waiting room and a toilet on the ground floor.

How we inspected this service:

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence including documents relating to the management of the service from the provider prior to the inspection
- Reviewing patient feedback received by the provider
- A short site visit

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?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were communicated to staff. The safeguarding policy was reviewed every three years. It outlined clearly who to go to for further guidance and staff had received safety information as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse and had systems in place to refer to other agencies to support patients and protect them from neglect and abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control with regular audits taking place.
- The provider ensured that facilities and equipment used to provide regulated activities were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention including sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had indemnity arrangements in place for staff.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver a safe service was available to relevant staff in an accessible way.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

Are services safe?

- The service did not prescribe or administer medicines. The only medications on site were emergency drugs which were stored appropriately and checked regularly.

Track record on safety and incidents

The service had good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Any incidents were reported on a central database system and learning was shared with the provider's other locations for learning. For example, as a result of an abnormal test result not being actioned over the weekend, the provider had implemented a duty doctor system to ensure these were checked everyday.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. For example, we observed they had taken action following a recent device alert regarding the defibrillator.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

- The provider had systems to keep the GP and Physiologists up-to-date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).
- Patients who attended the service were mostly well patients who attended for an elective health assessment. As part of the assessment their mental and physical wellbeing was reviewed.
- Patients received a comprehensive report of the findings from the health assessment. Referral to other specialities or the patient's own GP was made on the day of the assessment if required.

Monitoring care and treatment

The service was involved in quality improvement activity. For example, the provider carried out quarterly audits to support safe delivery of care, quality improvement, clinician support and benchmarking. The clinical notes of the Physiologists were audited quarterly to ensure they were working within scope of practice and following relevant processes and quality management systems. The registered manager told us that areas identified for improvement were actioned promptly and learning shared with their other locations across the country for improvement.

- The service used information about care and treatment to make improvements. For example, an audit of health assessment reports was carried out to ensure they contained specific advice in relation to fasting glucose results for patients at high risk of developing diabetes. Of the 26 reports reviewed as part of the audit, three had an increased risk of developing type two diabetes. The provider was in the process of reviewing their protocol to include further testing to diagnose potential diabetes for patients whose blood glucose was over five.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation. Physiologists were trained and accredited with their governing body (Public Health).
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Staff referred to, and communicated effectively with, other services when appropriate. For example, with the patient's own GP.
- Before carrying out a health assessment, staff at the service ensured they had adequate knowledge of the patient's health, any allergies and their medicines history. All patients were required to complete a pre-assessment questionnaire.

Are services effective?

- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients were referred to other professional services). There were clear and effective arrangements for following up on people who had been referred urgently to other services. The provider had made 156 urgent referrals between May 2021 and May 2022, of these ten had resulted in a significant diagnosis.
- The provider had made contact with local GP practices regarding their charitable COVID-19 rehabilitation programme that they could refer patients into. Patients could also self refer into the service. This was a 12 week programme to support individuals impacted by COVID-19 as well as easing the burden on the NHS by offering patients physical and emotional support with symptoms. In the previous 12 months, 84 patients had been referred in by clinicians and 112 had self referred. Of these, 125 patients met the approved criteria for the programme. We observed 40 had completed the 12 week programme.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Patients attended the service for a health assessment. Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, we observed the doctor had written to a patient's GP to request their calcium levels continue to be monitored on a regular basis.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider offered a 12 week joint pain programme (usually for those awaiting hip and knee replacements) to patients to support them in self managing chronic pain using a combination of physical activity as well as psychosocial support. Patients could self-refer into the programme.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of care patients received. Each patient was given a feedback form to complete. The provider reviewed this and took action as appropriate.
- Feedback from patients was positive about the way staff treat people. We reviewed patient feedback received by the provider. Patients reported staff to be friendly and professional.
- The provider audited patient feedback on a quarterly basis. On the recent quarterly report we observed 100% of patients said they felt the Physiologist and doctor had a professional manner and 100% felt their dignity was respected.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- The service supported blind tennis at the local tennis club with fitness instructors from the club.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- We reviewed patient feedback sought by the provider following consultation and also from on-line reviews. Patients commented that they felt listened to and supported by staff and test results were explained in a way they could understand.
- All patients received a comprehensive report following the health assessment which included results and lifestyle advice as appropriate.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access the service within an appropriate timescale for their needs.

- Patients who attended the service were either corporate or private fee paying patients who were attending for an elective non-urgent health assessment. The service did not treat any conditions but did have a process to refer the patient to the appropriate services or their own GP in line with national guidelines should the results of the health assessment warrant it.
- Patients had timely access to initial assessment and test results. The patient would complete a pre-questionnaire form at the time of booking. The waiting list for an assessment was approximately six to eight weeks. Depending on the type of assessment chosen, the patient would normally see the Physiologist and then the doctor. Most blood test results were screened during the assessment so patients received the majority of their results immediately. Some tests required testing in a lab, for example, cervical cytology. These results were received within two weeks and contact made with the patient should any abnormality be found. The patient would receive a comprehensive report with the results within 14 days of the assessment.
- Referrals and transfers to other services were undertaken in a timely way. For example, referrals were mostly done whilst the patient was still at the clinic and the letter given to them before they left the service.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Although the service had not received any complaints, it did listen to patient feedback. For example, a patient had attended for a health assessment and had opted to include the fitness module. However, during the risk assessment a medical issue was declared which meant the fitness test machine was not suitable for the patient. As a result the service had included contra-indication information for fitness testing before the health assessment so the patient was aware prior to the assessment.

Are services well-led?

We rated well-led as Outstanding because the provider had implemented strategies to improve patient outcomes. Nuffield Health - Sheffield Fitness and Wellbeing Centre had piloted the COVID-19 rehabilitation flagship programme. This is a charitable programme which was co-developed with NHS partners. Piloted at the Sheffield site, it has since been rolled out with nationwide coverage to support patients suffering with long COVID. Patient feedback on the impact the service had for them was extremely positive.

The provider's strategy and supporting objectives and plans whilst challenging and innovative remained achievable. Plans were consistently implemented as a result of an ever changing environment and these had a positive impact on quality and sustainability of services. For example, the Sheffield Fitness and Wellbeing Centre had supported the development of the STAMINA trial over the past 3 years, supporting delivery of the pilot and acting as champions for newer Nuffield sites who have since come onboard. The clinical trial is designed to evaluate the effectiveness of a long term supported exercise intervention in men with advanced prostate cancer who have undergone medical castration with androgen deprivation therapy (ADT).

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. Links between local leadership and the national management team were evident with shared systems and processes and management oversight and monitoring.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. The service had a realistic strategy and supporting business plans to achieve priorities with their main focus being on improving outcomes for patients. The provider had made contact with local GP practices regarding their charitable COVID-19 rehabilitation programme that they could refer patients into. Patients could also self refer into the service. This was a 12 week programme to support individuals impacted by COVID-19 as well as easing the burden on the NHS by offering patients physical and emotional support with symptoms. In the previous 12 months, 84 patients had been referred in by clinicians and 112 had self referred. Of these, 125 patients met the approved criteria for the programme. We observed 40 had completed the 12 week programme. The provider had completed an analysis of the outcome of the programme. Patient feedback data showed 21% of patients who had completed the programme reported an improvement in quality of life, 27% reported an improvement in functional capacity, 43% reported an improvement in mental wellbeing, 6% reported an improvement in breathlessness symptoms and 36% reported an improvement in fitness strength. Individual patient feedback was extremely positive about the programme with patients stating it had helped their physical and mental recovery, they reported the emotional wellbeing videos were helpful and staff were very supportive and helped to build their confidence and ability to cope better.
- Staff were aware of and understood the vision, values and strategies of the service and their role in achieving them.

Are services well-led?

- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. Staff had access to an on-line hub where they could access emotional, physical, financial and social support.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Governance arrangements were proactively reviewed and reflected best practice. Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended although some policies we observed had a long review date. For example, the safeguarding policy was reviewed every three years.
- 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 approach and shared learning for quality improvement.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

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- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. However, the audits we reviewed were only one cycle. The provider had a plan to repeat these to ensure improvement was maintained or improved.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture. All patients who attended were asked to complete a feedback questionnaire following their assessment. The provider analysed this data monthly and took action to improve the service. For example, the provider implemented peer audit review of assessment reports to improve feedback regarding how clear the explanation of any health issues were on the report. We observed feedback had improved month on month since January 2022 from 68% of people stating they were satisfied with the service to 100% in June 2022.
- There were systems to support improvement and innovation work. For example, the provider offered flagship programmes like the COVID-19 rehabilitation programme, joint pain programme and STAMINA research project to reduce the burden on the NHS and support patients to live healthier lives.
- Feedback from staff was requested on a quarterly basis. This was used to improve and support staff. For example, the staff room had been refurbished to make it more pleasant for staff when taking their breaks.
- The provider had worked in partnership with the Sheffield University on a pilot research project to evaluate the effectiveness of long term supported exercise intervention for men with advanced prostate cancer who had undergone treatment.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The provider had plans to increase services offered. For example, a private GP service and they were in the process of trying to recruit a cognitive behavioural therapist to offer emotional wellbeing support to patients.
- The service made use of internal and external reviews of incidents and complaints. The provider shared learning with their other locations to make improvements.
- The provider had worked on the STAMINA research project funded by the National Institute for Health Research (NIHR) and sponsored by Sheffield Teaching Hospitals. It was led academically by Sheffield Hallam University with support of the Leeds Clinical Trials Unit with the intervention being delivered by Nuffield Health who were also covering the

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excess treatment costs of the trial. The clinical trial is designed to evaluate the effectiveness of long term supported exercise intervention in men with advanced prostate cancer who have undergone medical castration with androgen deprivation therapy (ADT). Sheffield received their first patient referral in June 2022. They currently have 21 men on the programme and are providing the largest amount of resource (hours per week) of all Nuffield Health sites demonstrating their commitment to supporting the trial.

- The provider told us they had partnered with the Department for Health and Social Care on their latest Better Health campaign through the office for Health Improvement and Disparities with their COVID-19 programme and had been invited to contribute to the NICE (National Institute for Clinical Excellence) guidance update regarding managing the long-term effects of COVID-19. The provider had also recently submitted a journal article to British Medical Journal (BMJ) which covered the initial impact COVID-19 flagship programme had had on patients as part of their commitment to being transparent with outcomes.