

# Pure Sports Medicine (Finsbury Square)

## Inspection report

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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?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall (previously inspected in October 2018 but not rated).**

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? – Good

We carried out an announced comprehensive inspection at Pure Sports Medicine (Finsbury Park) on 26 September 2019. This inspection was undertaken as part of our programme of inspecting and rating independent health services registered with the Commission. This inspection was the first rated inspection of this service. We previously conducted an unrated inspection of this provider in October 2018. At that inspection we found the service to have effective systems and processes to ensure good governance of the service, clinical staff had the skills and knowledge to be able to deliver care and treatment effectively and safely, and users of the service were provided with information, advice and guidance to support them to live healthier lives.

This inspection was carried out 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 clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Pure Sports Medicine (Finsbury Square) is part of a chain of sports medical clinics situated within London.

The clinic provides a range of services including physiological and lifestyle assessments, physiotherapy, osteopathy, podiatry, massage therapy and appointments with Consultants in Sport and Exercise Medicine (SEM consultants). Services such as physiotherapy, osteopathy,

podiatry and massage therapy are not within CQC's scope of registration. Therefore, we did not inspect or report on these services. This inspection focussed on the services provided by the SEM consultants.

The Operations 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.

For this inspection we received 30 CQC 'share your experience' online comments and one CQC comment card as part of our inspection of the service.

## Our key findings were :

- Staff had been trained with the skills and knowledge to deliver safe care and treatment. Clinical staff were aware of current evidence-based guidance.
- Information about services and how to complain was available. Information about the range of services and fees were available.
- The service conducted quality improvement activity to improve patient outcomes.
- The service gave clients the ability to view their treatment plan online via secure access.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency (MHRA).
- Patient feedback was important to the service and was used to improve services provided.
- Clinical information with other relevant healthcare providers was shared in a timely manner (subject to patient consent).
- Staff told us that they were happy to work for the service.
- The service had an administrative governance structure in place, which was adhered to through a range of policies and procedures which were regularly reviewed.
- There was a clear vision and strategy, along with a strong governance framework in place which included all key policies and guidance.

## Dr Rosie Benneworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Pure Sports Medicine (Finsbury Square)

Pure Sports Medicine (Finsbury Square) has been operating since March 2018 from its registered premises at 12 Finsbury Square, London, EC2A 1AS. It is registered by the Care Quality Commission to provide the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury. The clinic occupies the ground and lower ground floors and is accessible at street level. The clinic has consultation rooms, a patient waiting area, a gym, changing facilities, staffing areas and treatment rooms. There are good transport links with regular buses and local tube stations.

The clinic provides pre-bookable and walk-in private appointments for adults and children (over the age of 8) for sports related concerns, injuries and advice. Initial consultation appointments are 35 minutes, follow up appointments are 25 minutes and appointments for the administration of injections are 45 minutes.

Following an assessment process, patients will undergo a consultation with a SEM consultant to discuss the findings of their results and any recommended lifestyle changes or treatment planning.

Patients seen at the service are either private patients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided privately and are not commissioned by the National Health Service.

The service is available Monday-Thursday 7am to 8pm and Friday 7am to 7pm. The clinic is closed on weekends and patients who need to contact the clinic outside of the core business hours are given out of hours contact details.

We inspected Pure Sports Medicine (Finsbury Square) on 26 September 2019. Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser.

We gathered and reviewed pre-inspection information before inspecting the service. On the day of the inspection we spoke with a SEM consultant, the clinical director, the medical director, the operations manager, the clinic manager and administrative staff. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses and patient feedback

### How we inspected this service

During our visit we:

- Spoke with staff (a consultant in sport and exercise medicine, the medical director, the clinical director, the operations manager, the service manager and one receptionist).
- Received feedback from patients using Care Quality Commission web link 'share your experience'.
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.

In addition, we reviewed information sent to us from the provider prior to the inspection.

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:

- *The provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. In addition, there were arrangements in place for the management of infection prevention and control.*

## Safety systems and processes

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

- The service conducted risk assessments. It had a number of safety policies which were regularly reviewed by the service manager. These policies were accessible to all staff in both hard copy and electronically.
- The service had systems to safeguard vulnerable adults and children from abuse. The Clinical Director was the designated safeguarding lead for the service. The provider had safeguarding policies, protocols and 24-hour contact details for the local statutory safeguarding team. Information was available on how to contact statutory agencies for further guidance if they had concerns about a patient's welfare. All staff understood their responsibilities and had received safeguarding training relevant to their role, for example SEM consultants were trained to safeguarding children level 3, and in safeguarding vulnerable adults.
- The service did not see children regularly, however they had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had recruitment procedures to ensure staff were suitable for the role and to protect the public. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We looked at staff recruitment files for clinical and non-clinical staff and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service (DBS) checks for all staff

working in the service. 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.

- The service had professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.
- Chaperone services were available on request; this information was displayed in the reception area and consultation rooms. All staff had been provided with in-house chaperone training and a DBS check. The provider had a policy for all unaccompanied minors to have a chaperone present during consultations and treatments.
- The provider had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. The provider carried out an infection prevention and control audit every quarter. The premises were clean and tidy and we identified no concerns in relation to infection prevention and control.
- We saw sharps bins in the consultation rooms were securely assembled and dated and were not over-filled. There was also a sharps injury guidance poster on display in the consulting or treatment rooms to provide staff with quick access to information on the steps to be taken in the event of a sharps injury.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. A cleaning schedule was in place and there were systems for safely and appropriately managing healthcare waste.
- The provider had considered relevant health and safety and fire safety legislation and had carried out appropriate risk assessments covering the premises, patients and staff. A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had also been carried out in February 2018; which had identified a low risk of the bacterium being present at the premises.

## Risks to patients

- Staff understood their responsibilities to manage emergencies whilst with patients and to recognise those in need of urgent medical attention. The service kept emergency medicines on site. We saw that these medicines were checked regularly to ensure they were

## Are services safe?

safe to use. Clinical staff knew how to identify and manage patients with severe infections, for example sepsis, and non-clinical staff told us that they would call a clinician if they suspected an acutely unwell or deteriorating patient.

- There was enough clinical staff to meet demand for the service. Service users would book appointments at a time suitable to both them and the appropriate clinical member of staff.

### **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. We were told that it was policy not to have more than two clinicians on leave at any one time. If required, staff could move between local Pure Sports Medicine locations to provide cover. There was a corporate and local induction programme for all new staff joining the organisation.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

### **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 clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Each client was given a written 'patient management plan' which detailed information needed to deliver care and treatment and recorded the patient's goals. The practice also provided patients with a booklet called 'The Better Journal', this booklet provided patients with health information and allowed patients to track their progress and be more involved in their treatment.
- The electronic clinical system the service used required each user to have an individual user log-on which allowed audit trail of who within the service had accessed individual client records. System based client records contained test results, health assessments and treatment plans. The service had recently upgraded the clinical system to a cloud-based system which allowed staff to access records from any location with their individual log-on.

- New clients to the service were required to complete a registration form before the first appointment with at the service.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was subject to patient consent.
- 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.
- We saw evidence that clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### **Safe and appropriate use of medicines**

#### **The service had reliable systems for appropriate and safe handling of medicines.**

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. The service did not keep any medicines on site with exception of emergency medicines. These were held in a secure area of the building. The service also kept oxygen and a defibrillator on site. The service had a process in place for checking medicines, the oxygen and defibrillator on site to ensure that they were all stored according to manufacturer's guidance and were within date. The medicines, defibrillator and oxygen that we checked were in date.
- The service carried out medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The service told us that audits of prescribing by clinical staff was conducted through regular audits of the service clinical system.
- Staff who prescribed medicines to patients, gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children. New users of the service were asked to bring proof of ID (birth certificate and photo ID for guardian/parent for registering children) when attending the service for their first appointment.

### **Track record on safety and incidents**

#### **The service had a good safety record.**

## Are services safe?

- The service was operating from rented premises and maintenance and facilities management was shared by the landlord and the tenant.
- 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.
- We saw evidence the fire alarm warning system was regularly maintained by both the provider and the landlord. A weekly fire alarm warning system test was undertaken and logged. Fire evacuation tests were carried out six monthly. We saw fire procedure and evacuation guidance displayed in the waiting room.
- We saw various risk assessments had been undertaken for the building, including health and safety, Control of Substances Hazardous to Health (COSHH), Legionella and fire.
- Portable appliance testing (PAT) for the premises and calibration of the medical equipment was undertaken annually.
- 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. The service told us that they had no significant events in the past 12 months. We saw that significant events prior to this had occurred and been recorded. One of the events recorded was regarding a suspected malfunction of the ultrasound machine. This was logged with an engineer and the machine was temporarily put out of use. The engineer found the fault and fixed the machine.
- 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

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence. This was achieved by completing the service incident report form.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The Clinical Director was responsible for reviewing the relevance of alerts and disseminating them to staff. Staff were also required to sign and declare that they had read the relevant safety alert(s).

### 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.

# Are services effective?

## We rated effective as Good because:

- *The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had a programme of quality improvement and audits to help drive improvements.*

## Effective needs assessment, care and treatment

### The provider had systems to keep clinicians 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).

- The service had systems to keep clinical staff up to date with current evidence-based practice. We saw (through patient notes that we viewed) that the clinicians assessed needs and delivered care and treatment in accordance with current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and the Faculty of Sport and Exercise Medicine UK guidelines.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information based on conversations held with patient(s) to make or confirm a diagnosis and to follow through with relevant and patient-specific treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. If a patient required a follow-up appointment, this was made and agreed with the patient whilst on site following a consultation. Alternatively, a follow-up appointment could be made with the service by telephone or on-line at a suitable time with both the patient and clinician.

## Monitoring care and treatment

### The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of audits. Audits had a positive impact on quality of care and outcomes for

patients. We noted that the service had conducted both clinical and quality improvement audits. There were performance indicators in place for monitoring care and treatment. For example, the quality of consultations with patients was monitored through a clinical notes audit conducted by the management team; this looked at whether the SEM consultants had recorded all relevant information such as patient's medical history, diagnosis, patient goals and treatment plans.

- The practice carried out quarterly audits for the ultrasound machine to assess whether the machine's data had been backed up, whether the machine's filters were being cleaned and whether ultrasound probes were readily available. The practice had recently commenced the first cycle of a prescribing audit. This audit assessed which medicines were being prescribed by doctors and under which best practice guidelines. The aim of the audit is to eventually create a companywide formulary so that all clinicians are prescribing medicines in a consistent manner across the organisation.

## 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 were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We were told that if a patient consented, their regular GP would be informed of treatment received. All patients were asked for

## Are services effective?

consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Consent given (or not) was recorded on the service clinical records system.

- The practice had recently conducted a free seminar for GP's in the London area where they were educated on advanced Sports Medicine and providing effective Musculoskeletal care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients would be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines which could have the potential to be open to abuse and prescribed them in accordance with being able to monitor the patient on such medicine(s) accordingly.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

### Supporting patients to live healthier lives

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

- Through the process of client consultation, clinicians could give people advice, so they could self-care after consultation. In addition, the service clinical system had a secure interface/portal for clients to access their records. This allowed clients (with permission) to have access to treatment plans including treatment plans.
- Where a client needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- One of the key aims and objectives of the service was to provide the best treatment to patients to enable them to lead active lives. This was achieved through a process of assessment and screening and the provision of individually tailored advice and support to assist

patients. Each patient was provided with a detailed report covering the findings of their assessments, recommendations for how to manage the symptoms they currently were experiencing. Patients were also provided an action plan to reduce future re-occurrences of symptoms and to improve their general health and well-being.

- From our discussions with staff on the day of inspection, we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed the care proposed or treatment options with patients them as necessary. Staff were trained in providing motivational and emotional support to patients to encourage them to make healthier lifestyle choices and improve their health outcomes. Where appropriate this included sharing information about other services provided by the NHS or other private healthcare providers.
- The Pure Sports Medicine website contained a variety of information for patients regarding sports and musculoskeletal conditions and general health and wellbeing advice. For example, we saw information was available which highlighted tips on how to train and prepare for a marathon. The website also gave information about specific events taking place at Pure Sports Medicine, for example Pilates classes and strength and conditioning classes.

### 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 clients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision and it was noted on the clinical records system. We saw evidence of this through sight of client notes that we viewed as part of this inspection.
- The service monitored the process for seeking consent appropriately. Clinical records were periodically checked to ensure that consent was noted on patient records.

# Are services caring?

## We rated caring as Good because:

- *The service sought to treat service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care. Staff we spoke with demonstrated a client-centered approach to their work.*

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- Feedback from clients was positive about the way staff treat people
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave clients timely support and information.
- We received 30 'share your experience' feedback comments about the service, all of which were positive about the care provided by the service. In addition, we received one comment card which was also positive about the service.

## Involvement in decisions about care and treatment

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

- Interpretation services were available for clients who did not have English as a first language. This could be arranged in advance of a consultation.

- Clients told us through their share your experience feedback, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The service had arrangements in place to provide a chaperone to patients who needed one during consultations.
- The service provided patients with changing rooms, lockers and gym kit.
- All confidential patient records were stored securely on computers and all correspondence was sent via a secure portal. The information stored on the computers at the service was regularly saved to a remote location.
- The service had data protection policies and procedures in place and there were systems to ensure all patient information was stored and kept confidential. The service had acted in accordance with General Data Protection Regulation (GDPR). We saw evidence staff had undertaken relevant training and had access to guidance. The service was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

- *The provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place and it used service users' feedback to tailor services to meet user needs and improve the service provided.*

## **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 provider understood the needs of their clients and improved services in response to those needs. The length of initial consultation appointments for clients varied dependant on the service they required. For example, initial consultation appointments were 35 minutes and follow up appointments were 25 minutes.
- The facilities and premises were appropriate for the services delivered. All patients were offered and had access to refreshments.
- The service was located on the ground and lower ground floor, the clinic did not have a lift, but we were told that patients who had disabilities would be seen on the ground floor.
- Patient security had been considered and the waiting area was visible from the reception area.
- Clients could contact the service in person, by telephone and by the service website.
- The service provided consultations (mainly) to adults on a fee-paying basis. We were told that the service did not discriminate against any person wishing to register with the service.
- The service website listed all clinical services available, staff members at each of its locations, opening times, well-being pages, a Pure Sports Medicines blog and a list of upcoming events.
- The service provided all clients with 'The Better Journal' which is a journal devised for client to record and track their health goals and progressions towards achieving those goals. Also included within the journal was a list of Pure Sports Medicines services, the fees for the services and information regarding medical insurance payments and who to contact with comments, suggestions and complaints.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

The service opened between the hours of 7am -8pm (Monday -Thursday), 7am-7pm (Fridays). The week day opening hours of the service reflected the service's awareness that most clients would come to the service either before work, during lunchtime or after they had finished work.

From the CQC 'share your experience' online feedback we received, feedback revealed that clients found the service provided high quality care, were satisfied by how quickly they were seen by the service and how they were able to get appointments when they required one.

## **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. We were told that if any complaints were to be made to the service, the complainant would be treated compassionately and the complaint in confidence. There was a lead member of staff who was responsible for dealing with complaints.
- 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 a complaint policy and procedures in place. The service told us they would learn lessons from individual concerns and complaints to improve the quality of care provided. We reviewed one complaint from a patient which related to a data protection issue. We found the response to the complaint was

## Are services responsive to people's needs?

satisfactorily handled and in a timely way and evidence the service adhered to the duty of candour principles. As a result, all staff were reminded to make sure patient details recorded are full and accurate.

# Are services well-led?

## We rated well-led as Good because:

- *Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care and treatment that would allow clients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used client feedback to tailor services to meet client need.*

## 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. The provider has seven sites in London including the Finsbury Square site. All sites followed a corporate set of reporting mechanisms and quality assurance checks to ensure appropriate high-quality care.
- Leaders at all levels were visible and approachable. They worked closely with staff 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 of the service. The service spoke to us about how their staff was a valuable resource and that it was important to recruit the right staff and to invest in staff as part of their planning for 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. The service had a realistic strategy and supporting business plans to achieve priorities. The service primary aim was to ensure that care provided was based on the most recent clinical knowledge, that it was high-quality and that clients were satisfied with the care and treatment they received. The service also told us that they wanted to build an organisation that provided the public with the same quality of care and the same collaborative approach found within the medical team of a sports club.
- The service developed its vision, values and strategy at a corporate level which was disseminated to all sites.

- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.

## 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 service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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. Clinical staff had an evaluation of their clinical work by internal colleagues.
- There was a strong emphasis on the safety and well-being of all staff. The service ran a team fitness slot every week for staff and held regular social events for all staff. Staff also had access to the gym and exercise classes held at the service.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff. We were told that staff members supported each other and were encouraged by senior leaders to do so.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

## Are services well-led?

- Staff were clear on their roles and accountabilities.
- The service had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were reviewed on average annually by the service manager. We were told that if a change to procedure occurred before the stated review of policy, the policy in question would be updated to reflect the change and staff would be informed of the change to policy. The service had a business continuity plan which would be put into action in the event if the service not being able to operate as normal.

### 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 client safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders and the service manager had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.
- 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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. The service had an

encrypted online system to store client records. The system was regularly backed-up to an external server. The service had its own Data Protection Officer (DPO) who was primarily responsible for all enquiries and issues relating to the use of data by the service.

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

#### The service involved patients and staff to support high-quality sustainable services.

- A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. Leaders spoke positively about the importance of raising awareness of mental health concerns and of supporting people experiencing poor mental health. The service had recently ran an internal campaign surrounding mental health, the importance of addressing mental health concerns and seeking help before issues escalate. Staff we spoke with commented that this campaign and focus on mental health awareness had a positive impact on the wellbeing of all staff members.
- The service had also appointed Mental Health First Aiders to assist staff at a basic level with mental health concerns and signpost them to other organisations and services that could provide further assistance. The service supported a charitable organisation for people experiencing poor mental health. The service and the charity organised a weekly run where members of staff joined members of the community who were experiencing poor mental health and gave them a platform to exercise, talk and help meet their social needs. The service also celebrated mental health awareness week and as an initiative to raise money the service asked for donations to a mental health charity in turn for free consultations with their SEM consultants.
- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service had a comments and complaints leaflet and email address for patients to leave feedback.
- Staff could describe to us the systems in place to for staff to give feedback. Feedback from staff usually occurred at one-to-ones or at staff meetings. The service held all staff meetings quarterly. Team meetings were held either monthly or bi-monthly. For example, we

## Are services well-led?

were told that staff had suggested to add an additional plug socket in the consultations room to make the handling of the ultrasound machine easier and this was complied with by the management.

- The service was transparent, collaborative and open with stakeholders about performance. The service spoke to us about involvement with fee-paying stakeholders and relaying to them (with the use of data to illustrate) the importance of provision of funding for musculoskeletal treatments to aid recovery.

### Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Patients were asked to complete a survey about the service they had received. Feedback was monitored and action was taken if feedback indicated that the quality of the service could be improved. This feedback was used to see if there were any areas of the service which might require improvement. We were

given an example of patient feedback requesting a seating area on the lower ground floor. This feedback was acted on and a bench was placed outside the consultations room on the lower ground floor.

- Clinical staff took time out to review individual and service objectives, processes and performance. The SEM consultants at the service had good working relationships with local GP's in the area. This was maintained through regular conversations and face-to-face meetings relating to relevant clinical issues. The service had also created assessments cards for the local GP's which gave them simple prompts on how to safely and effectively assess musculoskeletal conditions.
- Staff were encouraged to pursue relevant training. The service told us of staff whom they were supporting through training/studying whilst they were working at the service.
- The service had a follow-up process in place once a client had been discharged from the service to ensure that their recovery was progressing as expected.