

Sportswise Limited

Inspection report

The Welkin
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Eastbourne
East Sussex
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October 2019
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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.

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 Sportswise Limited on 29 October 2019 as part of our inspection programme, under Section 60 of the Health and Social Care Act 2008. 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. This was the provider's first rated inspection. The practice was previously inspected in January 2018 when the practice was not rated but was found to be compliant in all areas.

Sportswise Limited was founded in 1997 and provides medical, physiotherapy and allied health support to patients who have sustained a sports related injury or who suffer from musculoskeletal injury or disorder to patients privately and are not commissioned by the NHS. The service is registered for two activities, Treatment of Disease, Disorder or Injury and Diagnostic and screening procedures (Ultrasound). The provider is located on the ground floor in a building within the Eastbourne campus of the University of Brighton.

The medical director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received written and verbal feedback about the practice from 36 patients on the day of inspection. Feedback from patients was positive about the service and care provided. Patients described the service as being caring, respectful and professional. Several patients commented upon the excellence in clinical care afforded to them.

Our key findings were:

- Staff had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service.
- Services were offered on a private, fee paying basis only.
- Facilities were of a good standard and were well equipped to treat patients and meet their needs.
- Patients were provided with detailed treatment plans to support their care and treatment.
- Patients received full and detailed explanations of any treatment options.
- The service had systems in place to promote the reporting of incidents.
- There were infection prevention and control policies and procedures in place to reduce the risk and spread of infection.
- The service encouraged and valued feedback from patients and staff. Feedback from patients was very positive.
- The provider had clear systems and processes in place to ensure care was delivered safely and good governance and management was supported.
- There was a focus upon continuous improvement and exploration of innovations in treatment to achieve optimum outcomes for patients.
- The culture of the service encouraged candour, openness and honesty.

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

- Continue with plans to update training for staff in child and adult safeguarding.
- Continue to take steps to secure servicing of the ultrasound machine.

Dr Rosie Benneyworth 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 who was assisted by a GP Specialist Advisor and a physiotherapist specialist advisor.

Background to Sportswise Limited

Sportswise Limited was founded in 1997 and provides medical, physiotherapy and allied health support to patients who have sustained a sports related injury or who suffer from musculoskeletal injury or disorder to patients privately and are not commissioned by the NHS. The provider is located on the ground floor in a building within the Eastbourne campus of the University of Brighton.

Services are provided Monday to Thursday 8am to 8.30pm, Friday 8am to 5.30pm and on Saturday from 8.15am to 12.30pm. Services are provided to adults and children aged five to eighteen years of age.

Services are provided from the following address:

The Welkin,
Carlisle Road,
Eastbourne,
East Sussex,
BN20 7SN.

The service was run from a suite of rooms on the lower ground floor of the building which was leased by the provider. The staff team at the clinic consists of two sports medicine doctors (both male) one who is a specialist in anaesthesiology and pain medicine, six physiotherapists (four female and two male), a nutritionist and a podiatrist. The clinicians were supported by a practice manager and an administrations team. The practice also uses the services of a bank nurse to support clinical procedures.

Before visiting, we reviewed a range of information we held about the service and asked other organisations to

share what they knew. Prior to the inspection we reviewed the last inspection report from January 2018, any notifications received, and the information provided from pre-inspection information request.

During our visit we:

Spoke with a range of staff, including the medical director, nurse, physiotherapists, reception staff and practice manager.

Observed how patients were being cared for in the reception area.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Looked at information the practice used to deliver care and treatment plans.

Reviewed documents relating to the service.

Looked at equipment and rooms used when providing assessments and treatment.

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?

Safety systems and processes

- The practice had systems to keep patients safe and safeguarded from abuse. The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff in both digital and hard copies. They outlined clearly who to go to for further guidance and identified who was the safeguarding lead.
- The practice saw children under the age of 18 and all were trained in both child and adult safeguarding. However, it was not clear if the appropriate level was achieved for all staff commensurate for their role. Following the inspection, the provider told us that they were arranging further training in January 2020 to ensure all staff had the appropriate level.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. The practice policy was to check all clinical staff through the Disclosure and Barring Service (DBS). (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 clinical staff were up to date with their professional revalidations and the service checked annually to assure themselves that professional registrations were current, and that medical indemnity insurance was correctly in place.
- There was an effective system to manage infection prevention and control. The practice manager was the infection control lead and all staff had received infection control training. However, in one treatment area there were several medicine and activity balls that had debris attached and required cleaning. The practice manager told us that these were not being returned to the appropriate storage areas to prevent them being damaged or contaminated. They told us they would take steps to have the equipment cleaned and stored correctly. The clinic had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

- The practice ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The large ultrasound machine was overdue a service and we saw evidence that the provider was chasing this with the university who jointly owned the device. There were systems for safely managing healthcare waste.
- The buildings management team carried out six monthly fire risk assessments and regular fire drills. On the day of our inspection the campus fire safety team carried out an unannounced fire drill and evacuation. Staff were observed to assume their roles for such an event, marshalling colleagues and patients out of the building and following the instruction of the fire safety team. Legionella risk assessments were also carried out appropriately (Legionella is a term for a bacterium which can contaminate water systems in buildings).
- The practice had reviewed the layout of the service and made changes to one of the treatment rooms. This room was now used to administer joint injections. The room had been refurbished and we noted appropriate flooring and facilities to ensure safe treatment.

Risks to patients

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. All staff received annual basic life support training and there were emergency medicines available in the treatment room. Emergency medicines and equipment were easily accessible to staff in a secure area of the clinic and all staff knew of their location. The provider had suitable emergency resuscitation equipment including an automatic external defibrillator (AED) and oxygen with masks. The clinic also had medicines for use in an emergency. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. All medicines, defibrillator pads and battery were in date. The oxygen cylinder was full and in date. All clinicians were current members of professional indemnity schemes.

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 and were available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Referrals could be made where necessary either to specialists or with the patient's own GP. Referral letters included all of the necessary information.

Safe and appropriate use of medicines

- The arrangements for managing medicines, including emergency medicines in the clinic kept patients safe (including obtaining, recording, handling, storing and security).

Track record on safety

- The practice had a good safety record. There were comprehensive risk assessments in relation to safety issues. The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. Since our last inspection the practice had introduced a system for receiving, reviewing and actioning safety alerts from external organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA).

Lessons learned, and improvements made

- There was an effective system in place for reporting and recording significant events. Significant events were recorded on the clinic's computer system which all staff had received training to use. The clinic carried out a thorough analysis of the significant events and the outcomes of the analysis were shared at monthly meetings. Staff understood their duty to raise concerns and report incidents and near misses. We were told the practice had a no blame culture and leaders and managers supported them when they did so.
- When there were unintended or unexpected incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

Effective needs assessment, care and treatment

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patient's needs were assessed and options for management of their condition discussed. We saw no evidence of discrimination when making care and treatment decisions and patients were advised what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

- The provider reviewed the effectiveness and appropriateness of the care provided. All staff were actively engaged in monitoring and improving quality and outcomes. Audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patients' outcomes.

Effective staffing

- We found staff had the skills, knowledge and experience to deliver effective care and treatment. The clinic had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We reviewed the in-house training system and found staff had access to a variety of training. This included e-learning training modules and in-house training. Staff were required to undertake what the service considered mandatory training, and this was monitored to ensure staff were up to date. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Are services caring?

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- We received written and verbal feedback about the practice from 36 patients on the day of inspection. Feedback from patients was positive about the service and care provided. Patients described the service as being caring, respectful and professional. Several patients commented upon the excellence in clinical care afforded to them.
- The service sought feedback on the quality of clinical care patients received via a patient feedback questionnaire. We saw that practice collated the results each quarter and consistently scored highly on patient satisfaction. For example, the practice scored an average of 4.9 out of 5 for treating patients with dignity and respect.
- 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. Patients who provided feedback commented upon the ease with which they could make an appointment and the high level of support provided.

Involvement in decisions about care and treatment

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

- Written and verbal information and advice was given to patients about health treatments available to them.
- Patients told us 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 helped patients be involved in decisions about their care. Treatment was fully explained, including the cost of treatment, and patients reported that timely appointments were available and that they were given good advice.
- Interpretation services were available for patients who did not have English as a first language.

Privacy and Dignity

- Staff recognised the importance of people's dignity and respect. Consultations took place behind closed doors and staff knocked when they needed to enter.
- Patients were collected from the waiting area by the clinician and escorted to the consultation room.
- Reception staff were aware that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Staff complied with the practice's information governance arrangements. Practice processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards.
- CQC comment cards supported the view that the service treated patients with respect.

Are services responsive to people's needs?

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 patients and improved services in response to those needs.
- The practice provided services to patients who lived locally, nationally and internationally.
- The facilities and premises were inviting, maintained to a high standard and were appropriate for the services and treatments delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The practice had considered the needs of patients who may have limited mobility or use a wheelchair. For example, the practice had automatic doors to enable easier access for disabled patients. There were adequate toilet facilities including toilets for people who were disabled. In the waiting area there was a water dispenser and patients could also have tea or coffee made for them.

Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. Appointments could be made by telephone, online or face to face.

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. Staff treated patients who made complaints compassionately.
- 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 process indicated how they would learn lessons from individual concerns and complaints and also from analysis of trends. The practice had received no complaints in 2019.

Are services well-led?

Leadership capacity and capability

- Leaders had the capacity and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders were visible and approachable. There was a clear leadership structure in place and staff felt supported by management.
- Staff told us management were approachable and always took the time to listen to them. They told us they felt well supported and appropriately trained and experienced to meet their responsibilities.

Vision and strategy

- The provider 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 provider had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. We saw that all staff were fully engaged in ensuring the promotion of optimum outcomes for patients.

Culture

- Staff felt respected, supported and valued. They were proud to work for the service and told us they enjoyed being part of a supportive team.
- The service was highly focused upon the needs of patients. Leaders and managers encouraged behaviour and performance consistent with the vision and values.
- 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 needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

- There were clear responsibilities, roles and systems of accountability to support good governance and management. The structures, policies, processes and systems were clearly set out, understood and effective and the leadership assured themselves that they were operating as intended.
- Systems were in place for monitoring the quality of the service and making improvements. This included carrying out regular audits, carrying out risk assessments and quality checks and actively seeking feedback from patients.
- A range of meetings were held including clinical meetings and systems were in place to monitor and support staff at all levels.

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.
- There was clear evidence of action to change practice to improve quality. The service did not have a specific written business continuity plan.

Appropriate and accurate information

- The practice acted on appropriate and accurate information. There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Practice management meetings were held monthly where issues such as safeguarding, significant events and complaints were discussed. Outcomes and learning from the meetings were cascaded to staff.

Engagement with patients, the public, staff and external partners

- The service encouraged and valued feedback from patients, the public and staff. After their health assessments patients were asked to complete a survey about the service they had received. This was constantly monitored, and action was taken if feedback indicated that the quality of the service could be improved.

Are services well-led?

- The clinic had also gathered feedback from staff through staff meetings and discussion.

Continuous improvement and innovation

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

- There was a strong focus upon continuous learning and improvement which was shared by the whole staff team.
- There were systems to support improvement and innovation work. Clinicians reviewed literature and research.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.