

English Institute of Sport - Sheffield

Inspection report

Coleridge Road
Sheffield
S9 5DA
Tel: 01142444255

Date of inspection visit: 29 June 2023
Date of publication: 31/07/2023

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 well-led?

Good



Overall summary

This service is rated as Good overall. (Previous inspection 17 May 2022 – Requires improvement).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We carried out an announced focused inspection at English Institute of Sport - Sheffield to follow up on breaches of regulations we found during our previous inspection. We inspected the key questions of safe, effective and well led. The key questions of caring and responsive were rated as good at the last inspection and were not inspected as part of this follow up inspection. Their previous rating of good still stands.

At the previous inspection in May 2022 we found a breach of Regulation 12, safe care and treatment, regarding identifying the learning needs of staff, to cover the scope of their work, such as fire safety and infection prevention and control (IPC) and completing infection prevention and control audits. Regulation 17, good governance, regarding the oversight of training, premises, safety alerts and IPC. The provider was rated as requires improvement overall with ratings of requires improvement in safe, effective and well led. At this inspection we found improvements had been made to effectively comply with Regulation 12 and 17.

The English Institute of Sport – Sheffield is part of a wider organisation, The English Institute of Sport Limited, which provides Sports Medicine and Science disciplines to elite athletes who receive funding from UK Sport Institute. The sports exercise medicines physicians provide routine consultations to do with both sports' injury and illness to athletes.

This service is registered with the CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The services provided at this location which are not in scope include: physiotherapy.

The Head of Sports Medicine 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.

Our key findings were:

- The service provided care in a way that kept athletes safe and protected them from avoidable harm. There were processes in place to manage infection prevention and control, and staff had received infection control training.
- Athletes received effective care and treatment that met their needs. There was a system to identify training requirements for staff and leaders who had oversight of training completion. There was evidence of systems and processes for learning, continuous improvement and innovation. For example, clinical audits and learning from incidents were being completed within the service and at a national level.
- The way the service was led and managed promoted the delivery of high-quality, person-centre care. Governance processes had been put in place for service leaders to have oversight of requirements.

Overall summary

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

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to English Institute of Sport - Sheffield

The English Institute of Sport (EIS) – Sheffield is part of a wider organisation, UK Sports Institute. They provide care and treatment to elite athletes across six registered locations.

EIS Sheffield operates from Coleridge Road, Sheffield, S9 5DA. They provide sport medicine and sport science to athletes who receive funding from UK Sport. The Sports Exercise Medicine (SEM) physicians provide routine consultations for both sports' injury and illness to athletes from a range of disciplines such as boxing to table tennis.

UK Sports Institute provides centralised governance support, policies and procedures to all locations including EIS Sheffield. The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures.

The service is delivered by three SEM physicians, registered with the General Medical Council (GMC) to provide routine sports medicine consultations for both injury and illness to elite athletes. They are supported by the operations manager and a senior business administrator. EIS occupies space on the ground floor, which is fully accessible and comprises of clinical rooms, physiotherapy and office space. EIS Sheffield is open Monday to Friday 9.00am – 5.00pm. Clinics are available on Tuesday and Wednesdays 9.00am – 1.00pm.

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:

- Conducting staff interviews using video conferencing
- Conducting in-person staff interviews
- Requesting evidence from the provider
- Conducting a staff questionnaire
- Speaking to athletes
- A short site visit

To get to the heart of athletes' 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:

- There was a process in place for infection control which included audits, daily checklists and cleaning schedules. Staff had received infection control training.
- The provider had evidence to provide assurance regarding Legionella, health and safety and portable appliance testing.
- There was a system in place for monitoring safety alerts.
- The service had oversight in the monitoring of performance and safety of medicines.

Safety systems and processes

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

- The provider conducted safety risk assessments of the premises they used. The buildings used by the service were tenanted and some aspects of management of the building were completed by the landlord. We saw the service gained assurance that required checks had been completed such as legionella management.
- The service had safety policies at a national level. Local relevant interpretations were available if they altered from the national policy.
- The service had systems in place to assure that an adult accompanying a child had parental consent.
- The service held safeguarding policies for adults and children which set out the process for staff to follow should they have any concerns with their athletes. The policy set out how the service would support athletes and protect them from neglect and abuse.

Risks to athletes

There were systems to assess, monitor and manage risks to athlete's safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was a system for oversight of staff training which was regularly reviewed. The service had identified training requirements of staff relevant to their role.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage athletes with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- 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. Policies and procedures were available electronically and in a central file.
- At the previous inspection there was limited oversight on infection prevention and control (IPC). At this inspection we saw that processes had been put in place in relation to IPC including audits, daily checklists and cleaning schedules.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Portable appliance (PAT) testing of equipment was completed by the landlord of the premises. At the previous inspection there was limited oversight. At this inspection we saw the provider had a system for monitoring this in place.
- 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 athletes.

- Individual care records were written and managed in a way that kept athletes 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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

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

- There were systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment which minimised risks.
- The service had oversight in the monitoring of performance and safety of medicines.
- Staff prescribed, administered or supplied medicines to athletes and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected athlete's safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service had assurance of risk assessments in relation to buildings and premises such as fire risk assessments and legionella risk assessments.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a documented system for recording and acting on untoward incidents and accidents. Learning was recorded from these events and shared with staff within the service as well as disseminated nationally for all sites to learn and improve.

Are services safe?

- 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.
- There was evidence of safety alerts being reviewed within the service. There was a national system for receiving all alerts, the relevant ones were then cascaded to the services to review. There was an ongoing log of actions taken by the service to safety alerts that potentially were relevant to their field.

Are services effective?

We rated effective as Good because:

- There had been a system implemented for oversight of staff training.
- There was evidence of quality improvement such as learning from incidents and national audits being completed.

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 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.
- Athletes' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The Sports Exercise Medicine (SEM) physicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to support athletes who frequently attended the service.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service retained a record of untoward incidents which were documented, investigated and resulted in improvements being made to the service. These were discussed in regular meetings with staff where learning was shared locally and nationally to other sites.
- Audits were completed nationally by the provider to review athlete experience and treatment in different areas. There was evidence of operational audits being completed within the service such as infection prevention and control and health and safety audits.

Effective staffing

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

- The provider had an induction programme for all newly appointed staff.
- Training requirements for staff had been reviewed and mandatory training required by the provider had been identified. Leaders had oversight of staff training and completion and updates were regularly reviewed.
- Relevant professionals were registered with the General Medical Council (GMC) and Health Care Professional Council (HCPC) where appropriate and there were records of the provider checking staff registration.
- Non-clinical staff received annual appraisals. Practitioners also had a technical lead responsible for their annual Performance Development Review (PDR).
- EIS Sheffield had completed a staff survey and 88% of staff said they felt supported by their manager and 88% of staff said working at EIS was good for their professional development which was an increase since the previous inspection.

Coordinating patient care and information sharing

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

Are services effective?

- Athlete's information was shared appropriately (this included when athletes 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.
- Before providing treatment, doctors at the service requested knowledge of the athlete's health, any relevant test results and their medicines history.
- The service utilised multidisciplinary style approaches to all athletes which included physiotherapy, doctors and nutritionists.

Supporting athletes to live healthier lives

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

- Where appropriate, staff gave athletes advice so they could self-care.
- The service had performance lifestyle coaches alongside the sports team to support an athlete's lifestyle.
- Where athletes' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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 athletes to make decisions. Where appropriate, they assessed and recorded an athlete's mental capacity to make a decision.

Are services well-led?

We rated well-led as Good because:

- Managers were able to demonstrate they had oversight of requirements within the service
- There were processes for managing risks, issues and performance.
- There was evidence of quality improvement such as learning from incidents and national audits being completed.
- There was assurance of the building and premises management.

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. They understood the challenges and were addressing them.
- 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 athletes.

- There was a clear vision and set of values.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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. In a recent staff survey 95% of staff said they were proud to work for the service and 87% of staff said they had confidence in the leadership team.
- The service focused on the needs of athletes.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was a system in place to respond 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 needed. This included appraisal and career development conversations.
- All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Are services well-led?

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 had been clearly set out and were working effectively. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service had implemented a new learning platform and system to document governance systems. We saw this was working well during the inspection and was clear for staff to see who had lead roles for aspects of the service.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety, and they assured themselves that they were operating as intended.
- The service submitted data or notifications to external organisations as required.
- There were 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 athlete's safety.
- 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 and untoward incidents.
- Clinical audits were being completed and had implemented quality improvement for the care they gave.
- The provider had plans in place and had trained staff for major incidents in the form of a business continuity plan.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability had been discussed in relevant meetings where all staff had sufficient access to information.

Engagement with athletes

The service involved their athletes' partners to support high-quality sustainable services.

- The service encouraged views and concerns from the athletes and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback and had a policy to support staff to report on feedback.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement within the service following the previous inspection.
- The service made use of internal and external reviews of incidents and accidents. Learning was shared and used to make improvements within the service and across the national services.