

Ultra Sports Clinic Limited

Ultra Sports Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 24 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations

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 Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Ultra Sports Clinic provides physiotherapy, chiropractic services, biokinetics and sports massage. Therefore, we did not inspect or report on these services.

The clinic offers radiography and ultrasound guided injections provided by a consultant radiologist which are activities covered by CQC regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service lead 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 reviewed 35 CQC patient comment cards, all of which were exclusively positive about the service provided. The comment cards stated that staff were caring and considerate and the treatment provided by the service was of a high standard.

Our key findings were:

Summary of findings

- There was a system in place for acting on significant events.
- Risks associated with the premises and the delivery of care and treatment were well managed. However, the service did not have adequate arrangements in place to respond to medical emergencies. The service took action after our inspection to address this.
- There were arrangements in place to protect children and vulnerable adults for abuse.
- The service had not completed comprehensive pre employment checks for all staff and did not have full oversight of staff training.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were compassionate, the care provided of a high standard and that it was easy to access appointments.
- The service had a system to receive and respond to complaints.
- There was a clear vision and strategy and staff spoke of an open and supportive culture. There was effective governance in most areas to ensure risks were addressed and patients were kept safe.

There were areas where the provider needs to make improvements and must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

There were areas where the provider could make improvements and should:

- Continue with plans to undertake formal quality monitoring and improvement activity in respect of the regulated activity.
- Continue with plans to undertake formal engagement with patients to obtain feedback which is then utilised to improve services.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Ultra Sports Clinic

Detailed findings

Background to this inspection

Ultra Sports Clinic is located on the lower ground floor of 72 King William Street, London, EC4N 7HR which is an office space.

The provider is a sports clinic which provides physiotherapy, chiropractic services, biokinetics and sports massage. These activities are outside of the scope of CQC registration. The clinic offers radiography and ultrasound guided injections provided by a consultant radiologist which are activities covered by CQC regulations.

The service treats between 500 and 1000 patients per month. We were told that the regulated activities were provided on a Monday afternoon from 4.30 pm although this was changed after our inspection in response to patient feedback to Thursdays between 8 am and 12 pm. The service had commenced the provision of regulated activities in December 2017 and we were told that the consultant radiologist who provided the regulated activity sees between one and two patients each week. The service provides services to fee paying patients and those with insurance although we were told that the provider was in the process of making arrangements to ensure patients could use their insurance to pay for the part of the service which was regulated.

In addition to the consultant, the service team includes four physiotherapists, a biokineticist, a chiropractor and sports massage therapists. The service is supported by a service manager, finance manager and two administrators.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of Treatment of Disease Disorder or Injury, Diagnostic & Screening Procedures and Surgical Procedures.

We carried out this inspection on 24 September 2018. The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the service and reviewed information submitted by the service in response to our provider information request. During our visit we interviewed staff (the lead physiotherapist and governance lead, the service manager and the consultant radiologist) and reviewed documents.

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

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

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

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

- Staff recruitment checks were lacking for some staff. For example, one member of staff did not have references taken and another did not have a DBS check completed prior to employment. However, we saw that reference checks, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS) had been completed for all other staff prior to employment. (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 whose files we reviewed had received the required training including basic life support, infection control, fire safety, and safeguarding and information governance. Evidence of some of this training was not available on the day of the inspection but evidence was submitted after which showed that all training had been completed prior to the inspection.
- The service offered a chaperoning service. This was advertised in the services clinical information booklet which was readily available in the patient waiting area. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service had systems in place to ensure action was taken in response to safeguarding incidents. Although the service had not had any safeguarding incidents staff were able to outline safeguarding procedures and there was a detailed policy in place with contact numbers for local safeguarding services. All staff had completed child and adult safeguarding training. The consultant radiologist completed level 2 safeguarding for children but the service lead had completed level 3.
- The premises were clean and tidy. The provider undertook infection control audits every six months. There was an infection control policy in place. There were schedules in place which specified what items or areas needed to be cleaned or the frequency of cleaning.

Risks to patients

There were enough staff to meet demand for the service. Although the arrangements to respond to emergencies and major incidents were insufficient at the time of inspection, the provider took action immediately following our inspection to ensure that they had emergency medicines and a supply of oxygen.

- All staff had received annual basic life support training.
- The service had purchased a defibrillator in response to a recent significant event. The defibrillator was available in the reception area of the clinic. However, there was no supply of oxygen on site and no emergency medicines. The service provided evidence to show that they had considered the need for oxygen but wanted to confirm their obligation with CQC prior to purchasing this. The provider told us that they had not purchased emergency medicines as only the consultant radiologist would have the requisite training to be able to administer these. The service had considered the need for emergency medicines following our inspection and had purchased chlorphenamine and adrenaline. The provider had also purchased disposable oxygen and informed us that they were in discussion with the building owners regarding the storage of a large oxygen cylinder.
- A business continuity plan was in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

The service had undertaken risk assessments for the risks associated with fire and infection control. Samples had been taken to test for the presence of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The service had a fire policy which contained information regarding the service's fire marshal and information regarding the evacuation points were clearly displayed.

The service's ultrasound machine was recently purchased. We were provided with an email which confirmed the machine did not require servicing for another month. The service had completed portable appliance testing for all electrical equipment on site.

Information to deliver safe care and treatment

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system.

Safe and appropriate use of medicines

Are services safe?

- The service had systems, policies and processes in place to ensure that medicines were administered safely. The service did not prescribe or dispense any medicines.
- Staff administering medicines informed patients of the medicines uses and possible side effects where necessary.

Track record on safety

The service provided three examples of significant events. Staff we spoke with on the inspection all knew how to access the reporting form and we saw examples of incidents that had been recorded using the form, evidence of subsequent discussion and the learning outcomes implemented. For example, we reviewed an incident regarding a patient injury. The service modified the equipment used in an area of the service to prevent another injury occurring.

A policy was in place which outlined the procedure for reporting significant events.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal apology

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The clinician responsible for carrying out the regulated activity had systems in place to ensure that they stayed up to date with current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best service guidelines.

- We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.
- Patients' needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service began undertaking the regulated activity in December 2017. There was limited evidence of quality improvement related directly to the care and treatment covered under the regulated activities. However, there was evidence of some actions to improve assessment and record keeping and plans to undertake an assessment of the effectiveness of the care provided which was covered by the regulated activity.

- The service had undertaken a review of the process for obtaining consent and had developed three new forms for obtaining consent to care and treatment. One of these forms covered the care and treatment provided by the consultant radiologist and the there was a separate form developed for consent to minor surgical procedures. The new forms included a requirement to disclose past medical history and a list of medical conditions which may impact on clinical decisions regarding the provision of care and treatment.
- Each patient who visited the consultant radiologist for diagnostic imaging or surgical injections would be

followed up by another practitioner in the service. These practitioners would provide feedback, where necessary, to the consultant radiologist about the treatment provided.

- There was a plan in place to undertake a review of patients who were seen by the consultant radiologist in the future. The service was waiting until the radiologist had seen a larger number of patient so that they could review a meaningful sample.

Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them. In addition to essential training staff were allocated £200 per year which they could allocate to training. Staff were encouraged and given opportunities to develop. The provider did not have immediate access to records of mandatory training for all staff on the day of the inspection. However, we were provided after with evidence that all of this training had been completed prior to our inspection.
- The service provided staff with ongoing support. This included one-to-one meetings and appraisals. The consultant underwent both an annual external and internal appraisal.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment where necessary.

- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care; though the consultant said that their rate of referrals would be minimal. The service also had good systems for sharing information between other specialist colleagues within the organisation.
- The service provided patients with details of the care and treatment provided which could be shared with the patient's GP.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- In addition to the regulated activities provided by the consultant radiologist, the service was designed to ensure that they could provide holistic care and treatment for patients with sports related injuries and mobility issues through access to physiotherapists, chiropractors and biokinetic practitioners.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions.
- Consent to care and treatment was documented.

Are services caring?

Our findings

We found that this service was providing a service that was caring in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service gave patients timely support and information.
- Thirty-five people provided feedback via CQC comment cards. All of these were positive about the service experienced; stating that staff were kind and compassionate and that the quality of care delivered was excellent.

The service had only commenced undertaking the regulated activity in December 2017. The service had comment cards available in the waiting area which patients could complete with a comment about the service. Given the short length of time the service had been operating and the limited number of patients who had used the service the provider was unable to assess and act upon the

feedback. The provider had testimonials on their website which were all positive. We found 54 patient reviews collated by and internet search engine. All of these reviews were positive.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language and this was advertised in the client information booklet.
- Staff communicated with patients in a way that they could understand.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The patient record system was designed so that only clinical staff could access patient health information.
- The service had systems in place to facilitate compliance with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

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 service understood the needs of its client group and tailored services in response to those needs by providing a multidisciplinary service which targeted sports injuries and other injuries which impacted on patient mobility.
- The service improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, by providing translation services. Staff at the service could outline how they would assist those who had hearing difficulties.

Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment. Patient who required assessment and treatment by the consultant radiologist would be referred internally after the patient had been assessed by another practitioner.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- If the service was unable to provide the regulated service at a time to suit patient need; patients could be referred to other services

Patient feedback provided to the CQC and viewed on line indicated that there was no difficulty accessing appointments.

Listening and learning from concerns and complaints

The service told us that they would take complaints and concerns seriously and respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the client booklet located in the reception area. This contained clear instructions on how to make a complaint.
- There was a policy and procedures in place for handling complaints and concerns.
- Although the service had not received any formal complaints; the owner of the service provided some anecdotal examples of instances where the service had been changed in response to client feedback. For example, the service had simplified their computer encryption process so that patients could easily access confidential data that was sent to them electronically.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulations

Leadership capacity and capability

- Leaders had the capacity and skills to deliver high-quality, sustainable care. Leaders had the experience, capacity and skills to deliver the service's strategy and address risks to it.
- Leaders were easily contactable and approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for their clients.

- There was a clear vision and set of values displayed in their client booklet. The service had a realistic strategy and plans for future development.
- The provider's strategy was focused on targeting services to address the needs of fee paying clients; the majority of whom worked working in Central London.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values.
- The service had plans in place to evaluate the provision of the regulated activity and to use this information to improve the quality of care provided. As the provider had only started undertaking regulated activities in December 2017 and there had only been a small

number of patients who received care which fell under regulation there was limited opportunity to assess and improve the quality of care which had been provided in any meaningful way.

- The service actively promoted equality and diversity through training and through their recruitment process.
- There were positive relationships between staff. The service provided staff with money to put towards training and increased holiday entitlement each year that staff remained with the service. We were also told of regular social events.

Governance arrangements

There was evidence of systems in place and lines of accountability and leadership in most areas.

- There were effective governance arrangements covering the majority of activities. However comprehensive recruitment information was not available for all staff at the service. For example, there had been no references taken for the radiologist and no DBS check for a non-clinical member of staff prior to employment. A DBS check for the non clinical staff member was provided after our inspection.
- The provider held regular meetings where changes to the service, business activities and significant events were discussed.
- Staff were clear on the roles and responsibilities within the service

Managing risks, issues and performance

Risks related to the premises had all be assessed and addressed where necessary. However, the service did not have systems to effectively manage possible medical emergencies.

- The provider or the landlord had systems in place to ensure that risks associated with the premises including fire, infection and legionella were assessed and mitigated.
- The service had systems in place to manage current and future performance. Service leaders had oversight of significant events and acted as the lead point of contact for complaints.
- The service had a business continuity plan in place. However, the service did not have adequate

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

arrangements to deal with clinical emergencies as there was no oxygen on site and no emergency medicines. The provider purchased both oxygen and emergency medicines after the inspection.

- The systems used to for identify, understand, monitor and address current and future risks were effective in other areas. For example, there was a full range of risk assessments related to the management of the premises.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- As the service had just commenced operating and as there was only a small number of patients using the service covered by the regulated activity clinical audit had not yet been employed to assess and improve the quality of care. We did see other examples of quality improvement activity relevant to other areas of the business and were told of a notes audit which would be undertaken once the service had been running for over 12 months.
- Quality and sustainability of care were priorities for the provider.
- The patient record system contained the requisite information needed to enable the clinician to provide appropriate care and treatment.
- The service would submit data or notifications to external organisations if and when required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service took on board the views of patients and staff and used feedback to improve the quality of services.

- Patients could feedback about the service and we were provided with examples where the provider had taken action in response to patient feedback. For example, the service had made amendments to their consent form so that it was easier to read, improved directions to the service location and made the process for decrypting confidential emails from the service easier. The service had developed a comment card that was available for patients to complete in the reception area. The service had yet to review this feedback.
- Staff told us that staff feedback was acted upon and the service would be receptive to any ideas for improvement. We saw evidence the service had undertaken a detailed assessment of the type of person they would like to recruit to the organisation and had targeted their employment terms and conditions and implemented a culture aimed at attracting these individuals.
- The service worked in partnership with various charities. Staff were involved in selecting the charities. Last year the service supported an animal charity providing free sports advice and treatment for people participating in sponsored running events in support of this charity.

Continuous improvement and innovation

There was a focus on continuous learning and improvement at all levels within the service. For example, the provider was continually reviewing their offering to ensure that they understood who their target clients were, how to attract them to the service and how to provide them with a high-quality service. For example, identifying the needs and expectations of different types of clients and how to tailor service delivery to cater to the needs of the individual using a holistic approach. The provider also changed their marketing strategy to ensure it appealed to their target market.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were limited systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided in certain key areas. In particular:</p> <ul style="list-style-type: none">• The service was not undertaking comprehensive pre-employment checks for all staff.• The service did not have oversight of all staff training. <p>There were limited systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The arrangements in place to manage for the management of medical emergencies were insufficient. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>