Sportswise Limited

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Inspection report

The Welkin
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Overall summary

We carried out an announced comprehensive inspection on 10 January 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 providing well-led care in accordance with the relevant 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.

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

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.

Summary of findings

31 people provided feedback about the service both face to face and via comment cards all of which was positive about the standard of care they received. The service was described as excellent, professional, helpful and caring.

Our key findings were:

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based research or guidelines.
- Information about services and how to complain was available and easy to understand.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice was proactive in seeking patient feedback and identifying and solving concerns.
- The culture of the service encouraged candour, openness and honesty.
- Staff were up to date with current guidelines and were led by a proactive management team.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to check all equipment had been serviced regularly.

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

- Review the procedure of receiving and cascading MHRA alerts.
- Review infection control procedures and whether to replace the dignity curtain in the treatment area.
- Review the process of DBS checks for chaperones in order to ensure that fit and proper persons are employed.
- Review whether to install a hearing loop and consider providing access to an interpreter service.
- Review whether to provide a written business continuity plan.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The service had systems, processes and risk assessments in place to keep staff and patients safe. However, treatments rooms had carpeted floors and one dignity curtain in a treatment area had been in place since January 2017, this can impact on infection control.
- Staff had the information they needed to provide safe care and treatment and shared information as appropriate with other services.
- The service had a good track record of safety and had a learning culture, using safety incidents as an opportunity for learning and improvement.
- We found the equipment and premises were well maintained with a planned programme of maintenance.
- The service had procedures to ensure the correct identification of children, accompanying adults, and adults attending for treatment.
- There was no prescribing of medicines and no medicines were held on the premises with the exception of medicines to deal with a medical emergency.
- The service did not receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Not all staff that may have been used for chaperone duties had been checked by the Disclosure and Barring Service (DBS) service at the time of the inspection.
- There was a safeguarding policy covering both vulnerable adults and children in place but not all staff knew who the safeguarding lead was.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff used current guidelines such as National Institute for Health and Care Excellence, to assess health needs.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff understood the importance of consent and decision-making for all patients.

Are services caring?

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

- The service treated patients courteously and ensured that their dignity was respected.
- The service involved patients fully in decisions about their care and provided reports detailing the outcome of their health assessment.
- Information to patients was available in relation to the different levels of health checks available which included the cost, prior to the appointment.
- We found the staff we spoke to were knowledgeable and enthusiastic about their work.

Summary of findings

- Survey information we reviewed showed that patients said they were treated in a professional and respectful manner.

Are services responsive to people's needs?

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

- The service proactively asked for patient feedback and identified and resolved any concerns.
- The clinic had good facilities and was well equipped to meet the needs of the patient.
- The clinic was able to accommodate patients with a disability or impaired mobility. All patients were seen on the ground floor. They did not, however, have a hearing loop or easy access to a translation service.
- The service was responsive to patient needs and patients could contact individual clinicians to further discuss their health concerns.
- The practice understood its population profile and had used this understanding to meet the needs of its patients.
- Patients said they found it easy to make an appointment.
- There was an accessible complaints system and all forums for patient feedback were closely monitored and responded to.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The provider had a clear vision and strategy for the service and the service leaders had the knowledge, experience and skills to deliver high quality care and treatment.
- The service had a suite of policies and systems and processes in place to identify and manage risks and to support good governance.
- The service actively engaged with staff and patients to support improvement and had a culture of learning.
- Regular staff meetings took place and these were recorded.
- There was a focus on continuous learning and improvement at all levels.
- There was a management structure in place and staff understood their responsibilities.
- The culture within the clinic was open and transparent.

Sportswise Limited

Detailed findings

Background to this inspection

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 8.30am to 12.30pm. Services are provided to adults and children aged five to eighteen years of age.

The address of the service is:

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 three sports medicine doctors (one female and two male doctors are available), six physiotherapists (four female and two male), a nutritionist and a podiatrist. The clinicians were supported by a practice manager and an administrations team.

We carried out an announced comprehensive inspection at Sportswise Limited on 10 January 2018. Our inspection team was led by a CQC Lead Inspector who was assisted by a GP Specialist Advisor and a physiotherapist specialist advisor. 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 2014, 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, doctors, physiotherapists 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?

Our findings

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

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 to an appropriate level for their role in both child and adult safeguarding. However, not all staff knew who the safeguarding lead was.

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). However, whilst there was a chaperone policy in place, administrative staff who may be asked to chaperone should a client request this had not been through a DBS check on the day of inspection. We were informed that DBS checks had been completed for all but one staff member following the inspection.

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 was a dignity curtain which had been in place since January 2017 and the floor of consulting and treatment rooms were carpeted. 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. There were systems for safely managing healthcare waste.

The buildings management team carried out six monthly fire risk assessments and regular fire drills. Legionella risk assessments were also carried out appropriately (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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 also 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.

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

Are services safe?

The service did not keep any medicines on the premises except for emergency medicines. The arrangements for managing 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. However, there was not 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 clinics 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. 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?

(for example, treatment is effective)

Our findings

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

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. Patients' 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. We reviewed five audits including quality audits, for example in the efficacy of shock wave therapy use. The findings of these audits were used in presentations to their peers within sports medicine.

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 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.

The provider also used the monthly provider meetings as an opportunity to undertake continuous professional development sessions.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included medical records and investigation and test results. Where patients had given consent the clinician wrote, when appropriate, to the patients' NHS GP to inform them of treatment the patient had received.

Supporting patients to live healthier lives

The aims and objectives of the service were to support patients to live healthier lives. This was done through a process of assessment and screening and the provision of individually tailored advice and support to assist patients. The provider promoted healthy living and gave advice opportunistically or when requested by a patient about how to live healthier lives.

Consent to care and treatment

The practice 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. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Information about fees was transparent and patients were informed of these before starting any treatment programme. The process for seeking consent was demonstrated through records. We saw consent was recorded in the patient record system.

Are services caring?

Our findings

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

Kindness, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. At the end of every consultation, patients were sent a survey asking for their feedback. Patients that responded indicated they were very satisfied with the service they had received. Staff were trained in providing motivational and emotional support to patients in an aim to support them to make healthier lifestyle choices and improve their health outcomes.

31 people provided feedback about the service both face to face and via comment cards all of which was positive about the standard of care they received. The service was described as excellent, professional, helpful and caring.

Involvement in decisions about care and treatment

The service ensured that patients were provided with all the information, including costs, they required to make decisions about their treatment prior to treatment commencing.

Patients were encouraged to set and achieve specific and realistic objectives to address results from their assessment and treatment plans. Any referrals to other services, including to their own GP, were discussed with patients and their consent was sought to refer them on. All staff had been provided with training in equality, diversity and inclusion.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the practice complied with the Data Protection Act 1998. All confidential information was stored securely on computers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

The provider should review whether to install a hearing loop and consider providing access to an interpreter service.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was open until 8.30pm on four weekday evenings and on every Saturday morning from 8.30am to 12.30pm. Appointments could be booked online. The facilities and premises were appropriate for the services delivered and the practice made reasonable adjustments when patients found it hard to access services. 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.

We were informed that patients who did not have a good understanding of English usually had someone accompany them to the consultation. However, the practice did not have easy access to a translation service or to a hearing loop.

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, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal and managed appropriately. Appointments could be made over the telephone, face to face or online.

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. There was a complaints policy which provided staff with information about handling formal and informal complaints from patients. The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year and were satisfactorily handled in accordance with their policy.

As so few complaints were received the practice pro-actively looked for areas of concern in feedback. The practice used these concerns as learning experiences.

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 providing well-led services in accordance with the relevant regulations.

The provider should review whether to provide a written business continuity plan.

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. They understood the challenges and addressed them. 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. However, not all staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The culture of the service actively encouraged candour, openness and honesty. Staff told us they felt confident to report concerns or incidents and felt they would be supported through the process. The provider had a whistleblowing policy in place and staff had been provided with training in whistleblowing.

There were processes for providing all staff with the development they needed. Staff told us the organisation supported them to maintain their clinical professional development through training and sessions put on during the monthly meetings. The management of the clinic was focused on achieving high standards of clinical excellence and provided daily supervision with peer review and support for staff.

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

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. However, the management team did not have oversight of MHRA alerts. 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 indicted that the quality of the service could be improved. The clinic had also gathered feedback from staff through staff meetings and discussion.

Continuous improvement and innovation

Are services well-led?

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

There were systems and processes for learning, continuous improvement and innovation. There was a focus on continuous learning and improvement at all levels within the service. The organisation made use of internal reviews of audits, incidents and complaints and consistently sought ways to improve the service. Staff were encouraged to identify opportunities to improve the service delivered through team meetings and open discussions.