

Pure Sports Medicine Limited

Pure Sports Medicine (Canary Wharf)

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 Pure Sports Medicine (Canary Wharf) on 30 July 2019. This inspection was undertaken as part of our programme of inspecting and rating independent doctor services registered with the Commission. This inspection was the first rated inspection of this service.

We conducted an unrated inspection of this provider in March 2018. At this time, we found the service to have effective systems and processes to ensure good

Summary of findings

governance of the service, clinical staff had the skills and knowledge to be able to deliver care and treatment effectively and safely, and users of the service were provided with information, advice and guidance to support them to live healthier lives.

We received 40 'share your experience' comments as part of our inspection of the service. On the day of inspection, due to the timing of the inspection we did not get the opportunity to speak with any users of the service.

Our key findings were:

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Pure Sports Medicine (Canary Wharf)

Detailed findings

Background to this inspection

Pure Sports Medicine Canary Wharf is part of a chain of sports medical clinics situated within London. The clinics provide several services including physiological and lifestyle assessments, physiotherapy, podiatry, tendon clinics, appointments with sports clinicians and osteopathy. Clients of the service are given an initial assessment, after which a consultation with appropriate member of the clinical team is scheduled. The consultation allows the clinical staff to discuss the results of the assessment and put in place a programme of recommended lifestyle changes or treatment plans.

Clients seen at the service are either private clients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided to adults and children privately and are not commissioned by the National Health Service (NHS).

The service is situated in a rented single floor building, which has consultation rooms, a patient waiting area, a gym, changing facilities, staffing areas and treatment rooms.

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

Pure Sports Medicine is registered to conduct the following regulated activities: -

- Treatment of disease, disorder and injury.
- Diagnostic and screening procedures.

How we inspected this service

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

We rated safe as Good because:

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

Safety systems and processes

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

- The service conducted risk assessments. It had a number of safety policies which were regularly reviewed and viewed by the service manager. These policies were accessible to all staff in both hard copy and electronically. The service had systems to safeguard vulnerable adults and children from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Clinical staff at the service were trained to safeguarding level three. All other staff had been trained to safeguarding level two.
- The service did not see children regularly, however they had systems in place to assure an adult accompanying a child had parental authority.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- The service had professional indemnity insurance in place that protected the medical practitioners against claims such medical malpractice or negligence.

Risks to patients

- Staff understood their responsibilities to manage emergencies whilst with clients and to recognise those in need of urgent medical attention. The service kept emergency medicines on site. We saw that these medicines were checked regularly to ensure they were safe to use.
- There was enough clinical staff to meet demand for the service. Service users would book appointments at a time suitable to both them and the appropriate clinical member of staff.

There were systems to assess, monitor and manage risks to client safety.

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Each client was given a written 'patient management plan' which detailed information needed to deliver care and treatment. The electronic clinical system the service used required each user to have an individual user log-on which allowed audit trail of who within the service had accessed individual client records. System based client records contained test results, health assessments and treatment plans. The service had recently upgraded the clinical system to a cloud-based system which allowed staff to access records from any location with their individual log-on.
- New clients to the service were required to complete a registration form before the first appointment with at the service.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was subject to client consent.

Are services safe?

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- We saw evidence that clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

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

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. The service had five incidents which they classed as significant events over the past 12 months. One event related to a breach of client data when the service was communicating with a stakeholder service. The service told us that once the event had been identified that the service Data Protection Officer was informed, who in turn contacted the clients affected by the breach. Both clients were apologised to and informed that as a result of this breach that refresher training would be given to members of staff to ensure that they are vigilant when emails are sent out to ensure that they are addressed to the correct person. We saw evidence that refresher training was given to appropriate staff regarding awareness of the use of auto-fill when using email.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence. This was achieved by completing the service incident report form.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

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

Monitoring care and treatment

The service was actively involved in quality improvement activity.

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

clients. We noted that the service had conducted both clinical and quality improvement audits. One audit viewed was for the most recently internal quarterly infection and prevention control audit for the service. We saw that areas of the audit identified as requiring further action was noted for follow up at the next quarterly audit.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We were told that if a client consented, their regular GP would be informed of treatment received. All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Consent given (or not) was recorded on the service clinical records system.
- Before providing treatment, the consultants in sport and exercise medicine at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history. Clients would be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines which could have the potential to be open to abuse and prescribed them in accordance with being able to monitor the client on such medicine(s) accordingly.

Are services effective?

(for example, treatment is effective)

- Client information was shared appropriately (this included when clients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting clients to live healthier lives

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

- Through the process of client consultation, clinicians could give people advice, so they could self-care after consultation. In addition, the service clinical system had a secure interface/portal for clients to access their records. This allowed clients (with permission) to have access to treatment plans including treatment plans.
- Where a client needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

Our findings

We rated caring as Good because:

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

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Feedback from clients was positive about the way staff treat people.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave clients timely support and information.
- We received 40 'share your experience' feedback comments about the service, 38 of which were positive about the care provided by the service. The two comments which gave mixed feedback about the service told us the quality of care provided was good, however some correspondence from the service was not received in a timely manner and the online portal sometimes was too slow access treatment plans. In addition, we received one comment card which was positive.

Involvement in decisions about care and treatment

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

- Interpretation services were available for clients who did not have English as a first language. This could be arranged in advance of a consultation.
- Clients told us through their share your experience feedback, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The service had arrangements in place to provide a chaperone to patients who needed one during consultations.
- All confidential client records were stored securely on computers. The information stored on the computers at the service was regularly saved to a remote location.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

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

Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- The provider understood the needs of their clients and improved services in response to those needs. The length of initial consultation appointments for clients varied dependant on the service they required.
- Clients could contact the service in person, by telephone and by the service website.
- The service provided consultations (mainly) to adults on a fee-paying basis. We were told that the service did not discriminate against any person wishing to register with the service.
- The service website listed all clinical services available, staff members at each of its locations, opening times, well-being pages, a Pure Sports Medicines blog and a list of upcoming events. The website was in English.
- The service was in premises which were clean and accessible by all. The service was based on the 2nd floor within a complex of shops and eating establishments. There was access for wheel-chair based clients.
- The service provided all clients with 'The Better Journal' which is a journal devised for client to record and track their health goals and progressions towards achieving those goals. Also included within the journal was a list of Pure Sports Medicines services, the fees for the services and information regarding medical insurance payments and who to contact with comments, suggestions and complaints.

Timely access to the service

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

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

The service opened between the hours of 7am -8pm (Monday -Thursday), 7am-7pm (Fridays) and 9am-3pm (Saturdays). The week day opening hours of the service reflected the service awareness that many of its clients would come to the service either before work, during lunchtime or after they had finished work.

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

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. We were told that if any complaints were to be made to the service, the complainant would be treated compassionately and the complaint in confidence. There was a lead member of staff who was responsible for dealing with complaints.
- The service informed clients 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 told us they would learn lessons from individual concerns and complaints to improve the quality of care provided. The service told us they had two complaints over the past 12 months, one of which related to a client receiving limited information relating to the care of another client. We found that the service responded to the complaint in a satisfactory and timely manner.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

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

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. The provider has seven sites in London including the Canary Wharf site. All sites follow a corporate set of reporting mechanisms and quality assurance checks to ensure appropriate high-quality care.
- Leaders at all levels were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service. The service spoke to us about how their staff was a valuable resource and that it was important to recruit the right staff and to invest in staff as part of their planning for the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The service primary aim was to ensure that care provided was based on the most recent clinical knowledge, that it was high-quality and that clients were satisfied with the care and treatment they received.
- The service developed its vision, values and strategy at a corporate level which was disseminated to all sites.

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

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff had an evaluation of their clinical work by internal colleagues.
- There was a strong emphasis on the safety and well-being of all staff. The service had recently run an internal campaign surrounding mental health, the importance of addressing mental health concerns and seeking help before issues escalate. The service ran a team fitness slot every week for staff and held regular social events for all staff. Staff also had access to the gym and exercise classes held at the service.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff. We were told that staff members supported each other and were encouraged by senior leaders to do so.

Governance arrangements

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

Are services well-led?

Good 

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

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

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to client safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders and the service manager had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service had an encrypted online system to store client records. The

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

Engagement with clients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture. The service had a comments and complaints leaflet and email address for clients to leave feedback.
- Staff could describe to us the systems in place to for staff to give feedback. Feedback from staff usually occurred at one-to-ones or at staff meetings. The service held all staff meetings quarterly. Team meetings were held either monthly or bi-monthly.
- The service was transparent, collaborative and open with stakeholders about performance. The service spoke to us about involvement with fee-paying stakeholders and relaying to them (with the use of data to illustrate) the importance of provision of funding for musculoskeletal treatments to aid recovery.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service took client feedback seriously and aimed to make improvements based on it. For example, the service introduced more places to hang clothing in treatment rooms as a result of feedback stating that there were limited opportunities to do so. The service has also introduced a local number for clients wishing to contact the service by telephone, as the previous central switchboard for all Pure Sports Medicine locations was proving to be confusing to some clients attempting to access their local clinic.
- Clinical staff took time out to review individual and service objectives, processes and performance. The consultants in sport and exercise medicine at the service had good working relationships with local GP's in the area. This was maintained through regular conversations and face-to-face meetings relating to relevant clinical issues.

Are services well-led?

Good 

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

- Staff were encouraged to pursue relevant training. The service told us of staff whom they were supporting through training/studying whilst they were working at the service.
- The service had a follow-up process in place once a client had been discharged from the service to ensure that their recovery was progressing as expected.