

Manchester City Football Club Limited

The Medical Centre

Inspection report

The Etihad Campus, CFA - First Team Centre
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Overall summary

We undertook a comprehensive inspection of The Medical Centre on the 20 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that the service was providing effective, caring, responsive, care however, they were not providing safe care in accordance with the relevant regulations and well led required improvements.

The full comprehensive report following the inspection on 20 December 2017 can be found by selecting the 'all reports' link for The Medical Centre on our website at www.cqc.org.uk.

We undertook an announced focused inspection of The Medical Centre carried out on 10 January 2019 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 December 2017. This report covers our findings in relation to those requirements and additional improvements made since our last inspection. At the inspection we found that:

Are services safe?

We found that this service was providing safe 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.

Our key findings were as follows:

- Safeguarding policies and procedures were up to date to ensure patients were protected from abuse and improper treatment. All staff had received safeguarding training at an appropriate level to their role.
- The arrangements for enabling doctors to work at the centre on a consultancy basis had been reviewed. Each doctor had a comprehensive recruitment file with all the required information to demonstrate their on-going fitness to practice.
- New systems had been put into place to share information relevant to significant event reporting.
- The service was in the process of developing a programme of quality improvement activity. Regular sports injury audits and reviews took place to improve medical services.
- The patients' views and concerns were encouraged, heard and acted on. A new patient complaint leaflet had been implemented and all complaints were investigated by the medical leadership team.
- Patients who used the medical team for advice, support and treatment were given a questionnaire to complete about their experiences. The results were shared with the medical team to improve services.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

The Medical Centre

Detailed findings

Background to this inspection

The Medical Centre is registered with CQC as an independent healthcare provider with independent consulting services. The registered provider is Manchester City Football Club Limited. The Medical Centre provides services for the football First Team players, the Under 21 team players and the Women's team players. The Medical Centre provides services to children as students of the club's football academy, which could include children from the age of four years. The services include the full primary healthcare for the first team and women's teams. The children and their families are encouraged to register with an NHS GP. The cost of the service is covered by the football club as part of the benefits package for the players.

The Medical Centre is split into two areas, one for the First Team and Under 21s and one for the Academy. The centre

has one full time doctor who is the medical officer for the First Team and the Under 21s. He travels with the First Team to provide care and treatment as needed during and following matches. The Medical Centre also employs four doctors on a consultancy basis and one consultant sports physician. All other staff are employed by the company. This includes physiotherapists, sports therapists and administration staff.

The Medical Centre has a senior management team with two CQC registered managers. A registered manager is a person who is registered with the Care Quality Commission to be responsible for 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.

The inspection was undertaken by a CQC lead inspector.

Are services safe?

Our findings

At our previous inspection on 20 December 2017 we found that the service was not providing safe care in accordance with the relevant regulations. This was because the arrangements in respect of appropriate safeguarding training for staff, information held about supporting doctors, infection control risk assessment and action planning required improvement.

Action had been taken from the inspection with notable improvements shown on the follow up inspection carried out on 10 January 2019. The service is now found to be providing safe care in accordance with the relevant regulations. Our findings were:

Safety systems and processes

- The provider had reviewed the training arrangements for safeguarding patients and all clinical and general staff had attended level three safeguarding training. All staff with chaperoning duties had also completed this training.
- The arrangements for enabling doctors to work at the centre on a consultancy basis had been reviewed. We found that each doctor had a comprehensive recruitment file with all the required information to demonstrate their on-going fitness to practice.
- Infection control risk assessments had been completed by an external company and robust actions plans had been implemented and monitored.
- New systems had been put into place to share information relevant to significant event reporting. We found that records were made of such events and they were discussed at regular team meetings. The records were stored online, so that all team members had access to the events and the learning that took place.

Are services well-led?

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

Our findings

At our previous inspection on 20 December 2017 we found that the service required improvements to ensure well led care were being provided in accordance with the relevant regulations. This was because there were gaps in the arrangements for significant event reporting, clinical audit activities, information for patients for making complaints and gaining feedback from patients.

Action had been taken from the inspection with notable improvements shown on the follow up inspection carried out on 10 January 2019. The service is now found to be providing well led care in accordance with the relevant regulations. Our findings were:

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. There were adequate systems for reviewing and investigating when things went wrong. The service made improvements to the reporting and sharing of significant events so they could learn and share lessons, identify themes and act to improve safety across the service.
- Significant event reporting had improved and all staff had access to records that showed what incident had occurred, what led up to this and what actions were put in place to prevent the same happening again.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits and clinical leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit activity had improved and the leadership team were identifying new audits that were needed in line with national guidelines. We saw that the service participated each season in an audit carried out by the Football Research Group (FRG) on behalf of UEFA. This audit looked at the overall injuries that had occurred to players and the results were benchmarked against other similar teams across Europe. Data was collected by the medical team daily and submitted to the group to make comparisons with other football teams and medical services. The aim of the audit was to use the information and results to proactively improve the work and treatment carried out by the medical team and reduce the impact of player injury on the team.

Engagement with patients, the public, staff and external partners

The service involved patients, to support high-quality sustainable services.

- The patients' views and concerns were encouraged, heard and acted on. A new patient complaint leaflet had been implemented and all complaints were investigated by the medical leadership team.
- Patients who used the medical team for advice, support and treatment were given a questionnaire to complete about their experiences. The results were shared with the medical team to improve services.