

# English Institute of Sport - Loughborough

## Inspection report

Loughborough Performance Centre  
Loughborough University  
Loughborough  
LE11 3TU  
Tel: 01509611467  
[www.eis2win.co.uk](http://www.eis2win.co.uk)

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Inadequate	

# Overall summary

**This service is rated as Inadequate overall.**

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at English Institute of Sport – Loughborough as part of our inspection programme to give a rating for independent health services.

This service is registered with the Care Quality Commission (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.

At the time of our inspection, there was no registered manager within the service as their previous registered manager had left the organisation in March 2022. The provider had not yet completed the application process for the new manager to be registered. 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.

The location is registered to carry out diagnostic and screening regulated activities.

## **Our key findings were:**

- There was a lack of oversight from management within the service. Managers were not able to demonstrate they had oversight of requirements within the service.
- There was no process in place to manage infection prevention and control, and staff had not received infection control training.
- There was a lack of evidence of training for staff.
- There was no evidence of systems and processes for learning, continuous improvement and innovation. For example, clinical audits and learning from incidents and complaints.
- Staff dealt with athletes with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to allow athletes to access care and treatment in a timely way

The areas where the provider **must** make improvements as they are in breach of regulations are:

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

# Overall summary

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector and a CQC specialist adviser.

## Background to English Institute of Sport - Loughborough

The English Institute of Sport – Loughborough is part of a wider organisation, The English Institute of Sport Limited. The English Institute of Sport provides care and treatment to elite athletes across six registered locations.

The English Institute of Sport – Loughborough is located at Loughborough Performance Centre, Loughborough University, Loughborough, LE11 3TU. It is registered to provide diagnostic and screening regulated activities from this site. This location also has a branch site located at Holme Pierrepont National Water Sports Centre, Adbolton Lane, Nottingham, NG12 2LU. This branch site was not visited as part of the inspection

The service has a website at [www.eis2win.co.uk](http://www.eis2win.co.uk)

We were told the team consisted of four sports and exercise doctors, seven physiotherapists, a nutritionist, strength and conditioning coaches, an operations lead, and a team of administration support. All doctors are listed on the specialist register of sport and exercise medicine.

The service treated both adult and child athletes.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 13 May 2022. The inspection was led by a CQC inspector who was accompanied by a GP specialist adviser. Before visiting, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request. During our visit we interviewed staff and reviewed documentation.

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

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

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

# Are services safe?

## We rated safe as Inadequate because:

- Emergency medicines were not managed effectively. Some medicines were found to have expired and had not been removed from stock.
- There was no process in place for infection control and staff had not received infection control training.
- There was no procedure to report, review and learn from significant events.
- The provider did not manage environmental risk effectively including systems for Legionella, health and safety including portable appliance testing and calibration.
- Staff had not had updated safeguarding training.

## Safety systems and processes

### The service did not have clear systems to keep people safe and safeguarded from abuse.

- The provider did not conduct safety risk assessments of the premises that they used. We were told that they relied on the management of the building where they were located in relation to health and safety issues, however there was no oversight of this by the provider and there was no ongoing assurance that the checks and any actions required had been completed.
- The service had safety policies, however these were not always being followed within the location.
- The service had systems in place to assure that an adult accompanying a child had parental consent.
- The service held safeguarding policies for adults and children which set out the process for staff to follow should they have any concerns with their athletes. The policy set out how the service would support athletes and protect them from neglect and abuse.
- The provider policy did not contain location specific contacts or processes however we saw that safeguarding information was available in the coffee room at the Loughborough location. There were no safeguarding contacts or details in the clinical consulting suite. Following the inspection, we were told that local safeguarding information had been made available in clinical areas.
- 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).
- Administration staff who acted as chaperones had received a DBS check however there was no evidence available at the time of the inspection to document they had completed training for this role. Following the inspection we were sent evidence of some staff members training which had been completed in relation to chaperoning. Staff we spoke with understood the role of chaperoning and we saw there was a chaperone policy available to all staff.
- We could not be assured that staff had received appropriate training in relation to safeguarding children and adults. The provider's safeguarding policy stipulated that staff would complete appropriate safeguarding training within the first month of employment within English Institute of Sport and this would be repeated every two years. Staff records we reviewed showed some staff members had not received any safeguarding training since 2012 and some staff members did not have a recorded date of completing the training. It was not clear what level of safeguarding training had been completed. At the time of our inspection, the provider was changing their training platform and they expected all staff to have completed their mandatory training by September 2022.
- There was limited oversight on infection prevention and control. The provider had a policy for cleanliness and infection control however it did not outline details on who was responsible for cleaning, have any information on who the lead

# Are services safe?

for infection control was, training requirements for staff or any audit requirements within the service. We were told that the university cleaners were responsible for cleaning the premises however there was no oversight of this or schedules that were available for assurance. We saw daily checklists which were completed by physicians but there was no assurance that the staff from The English Institute of Sport had oversight of cleaning completed by contractors.

There was no reference within the policy to expectations for managing waste, sharps bins, privacy curtains, carpets or medicinal waste. Following the inspection we were told that infection control training and information had been implemented within the service for staff.

- The English Institute of Sport Loughborough was located in a building managed by the University of Loughborough. We saw that the University of Loughborough had records of legionella risk assessments however The English Institute of Sport Loughborough did not have oversight of this. The risk assessment recommended actions to be taken however The English Institute of Sport Loughborough were not aware of this, nor aware of any actions which had been completed or continued to be issues. For example, the risk assessment stated that monthly water checks were required however there was no evidence available to show these had been completed.
- The provider carried out some environmental risk assessments of individual rooms however these were similar for all rooms with a lack of specific details. Where actions had been identified as being required, there was no evidence of actions the provider had taken, such as providing more cable ties, or oversight of fire procedures.

## Risks to athletes

### **There were not always systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for new staff within the service tailored to their role.
- We did not see evidence that staff had received training to manage emergencies however staff told us that they were unlikely to experience any medical emergencies. We did not see a formal risk assessment for this.
- We were told that all staff had regular resuscitation training and clinic emergency training but there was no record of this.
- There were some medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We saw adrenaline available however some stocks of the autoinjector pens were out of date and had not been removed from the emergency kit despite there being other adrenaline available. We were told that this was because some staff did not know how to administer adrenaline not stored in an autoinjector. The out of date medicines were not labelled as not fit for use and there was a risk that these could be used in an emergency. Other items recommended in national guidance were not kept however we did not see an appropriate risk assessment to inform this decision. Following the inspection, we were told that the out of date medicines were removed from the emergency medical bag and advice had been given to staff.

## Information to deliver safe care and treatment

### **Staff did not always share information to ensure they delivered safe care and treatment to athletes.**

- Individual care records were written and managed in a way that kept athletes safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing some information with staff and other agencies in relation to scan results and mental health concerns.
- 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.

# Are services safe?

- Clinicians made appropriate and timely referrals other healthcare services in line with protocols and up to date evidence-based guidance.

## Track record on safety and incidents

### The service did not have a good safety record.

- There were a lack of comprehensive risk assessments in relation to safety issues. There were risk assessments seen for clinic rooms across the clinic however these were generic and there was no evidence that the actions which were identified had been carried out.
- The service did not have oversight of risk assessments in relation to buildings and premises such as fire risk assessments and legionella risk assessments.
- There was limited assurance on portable appliance testing (PAT) testing at both the Loughborough clinic and the Nottingham branch site. Management staff at the sites told us that it was not their responsibility for oversight of this however the provider's policies stipulated it was. We found evidence of some electrical items which had not been tested.
- Calibration records for some items we saw were out of date at the time of our inspection. We saw that some calibration records were overdue. Some items were in the process of being calibrated however they reportedly had not been used for a long period of time through covid.
- We were told that the clinic did not have any responsibility for aspects of building maintenance however the provider policies clearly stated it was responsibility of the operation manager at each site to have assurances that checks had been completed.

## Lessons learned and improvements made

### There was limited evidence of the service making improvements when things went wrong.

- There was no documented system for recording and acting on significant events. During the inspection, we were told of a medical incident which had been reviewed and discussed with medical staff however operations staff were not involved in the incident. Staff we spoke with were not aware of what a significant event is and could not describe a process for dealing with incidents.

There was no evidence of safety alerts being reviewed within the clinic. We saw that emails were being received with safety alerts however there was no records they had been reviewed and acted upon if necessary.

# Are services effective?

## **We rated effective as Requires improvement because:**

- The service did not always share important information with the athlete's GP.
- The system for staff training was not effective.
- There was limited evidence of quality improvement such as audits.

## **Effective needs assessment, care and treatment**

### **We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance where possible.**

- There was a lack of national guidance within sports medicine for elite athletes however we saw clinical staff providing care and treatment in line with best practice.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to support athletes who frequently attended the service.

## **Monitoring care and treatment**

### **The service was not actively involved in quality improvement activity.**

- There was no documented evidence of the service making changes or improvements following feedback from athletes or staff.
- There was a lack of evidence regarding learning and improvement within the service. This was due to limited audits completed demonstrating improvement, and a lack of documented improvement from patient feedback. At the time of our inspection there was no evidence available to support quality improvement at the service through complaints or incidents

## **Effective staffing**

### **The provider did not have records of training for staff.**

- Relevant professionals were registered with the General Medical Council (GMC) and Health Care Professional Council (HCPC) where appropriate and there were records of the provider checking staff registration.
- There were limited training records for staff within the service. The provider had identified what training was required for staff however it was not clear why some had not been recognised as being required such as fire safety training and infection control. The provider had expectations of how frequently the training should be repeated however from records we reviewed this had not happened and there was no assurance of any oversight of staff training. For example, there was no record of safeguarding training since it was completed in 2012.
- Staff told us that fire safety training was not required at the service, however it was not clear how the provider had assurance that staff were competent at managing risks in relation to fire safety such as fire management and keeping people safe in an emergency.
- There was no evidence of any staff completing infection control training.

## **Coordinating patient care and information sharing**

### **Staff did not always work with other organisations, to deliver effective care and treatment.**



# Are services effective?

- Athletes received coordinated and person-centred care within the service. Staff referred to and communicated effectively with other services for scan and test results. All athletes were asked for consent to share details of their consultation, however this was not always received.
- Before providing treatment, doctors at the service requested knowledge of the athlete's health, any relevant test results and their medicines history.
- The service utilised multidisciplinary style approaches to all athletes which included physiotherapy, doctors and nutritionists.

## Supporting athletes to live healthier lives

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

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

## Consent to care and treatment

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

- Consent forms were used within the service for complex interventions which carried some form of risk. Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported athletes to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Kindness, respect and compassion

### Staff treated athletes with kindness, respect and compassion.

- The service reported they sought feedback on the quality of clinical care athletes received, this was requested as part of the inspection, however, was not submitted.
- Staff understood athletes' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all athletes.
- The service gave athletes timely support and information.

## Involvement in decisions about care and treatment

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

- Interpretation services were available for athletes who did not have English as a first language.
- The service modified arrangements for athletes with additional needs.
- British Sign Language was available for athletes with hearing impairment. Signs were clear for athletes who were visually impaired.
- For athletes with learning disabilities or complex social needs family, support workers were appropriately involved.
- Staff communicated with people in a way that they could understand.

## Privacy and Dignity

### The service respected athletes' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if athletes wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## Responding to and meeting people's needs

**The service organised and delivered services to meet athletes' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their athletes.
- The facilities and premises were appropriate for the services delivered however there was limited assurance evidenced of the premises.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

## Timely access to the service

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

- Athletes had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Athletes with the most urgent needs had their care and treatment prioritised.
- Athletes reported that the appointment system was easy to use. Athletes reported that the service was extremely adaptable with appointments.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

- The service had a complaints policy in place but however had not received any complaints at the time of our inspection. We were therefore unable to assess if learning had taken place following concerns or complaints.
- We asked staff how athletes would make complaints and were told these would be raised via coaches and would be investigated.

# Are services well-led?

## We rated well-led as Inadequate because:

- There was a lack of oversight from management within the service. Managers were not able to demonstrate they had oversight of requirements within the service.
- We saw evidence of regulated activities being carried out for which the provider was not registered.
- Policies and procedures were not followed within the service.
- There were no clear responsibilities, roles and systems of accountability to support good governance and management.
- There was limited clarity around processes for managing risks, issues and performance.
- There was no evidence of systems and processes for learning, continuous improvement and innovation.
- There was a lack of oversight of the building and premises.
- Leaders at all levels were reported visible and approachable.

## Leadership capacity and capability;

### Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders did not display an adequate understanding of some issues and priorities relating to the quality and governance of services. There was no clearly defined oversight and assurance process in place, allowing for any emerging risk to be identified or addressed.

## Vision and strategy

### The service had a vision and strategy to deliver care and promote good outcomes for athletes.

- There was a clear vision and set of values.
- The service developed its vision, values and strategy jointly with staff and external partners.
- The service monitored progress against delivery of the strategy.

## Culture

### The service had a culture of sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of athletes.
- The service had policies to support leaders and managers to deal with behaviour and performance inconsistent with the vision and values.
- At the time of our inspection there had been no incidents or complaints which could demonstrate the service responded with openness, honesty and transparency and the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so.
- We were told that clinical staff received appraisals through their NHS work however we did not see evidence of this and could not be assured that this reflected their needs and objectives for this service.
- There were positive relationships between staff and teams.

## Governance arrangements

# Are services well-led?

**There were no clear responsibilities, roles and systems of accountability to support good governance and management. There was limited governance arrangements for medicines management within the service.**

- Structures, processes and systems to support good governance and management were not clearly set out or working effectively.
- The provider had established some policies and procedures to ensure safety, but they were not always accurate to the location or being adhered to. There was no clear oversight in place to provide assurance that procedures were operating as intended.
- Staff were not always clear on their roles and accountabilities. For example, we saw in policies responsibilities of the operational manager at the clinic however these were not fulfilled in practice.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

**There was limited clarity around processes for managing risks, issues and performance.**

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was no evidence of the performance management of staff.
- Clinical audit was limited and did not demonstrate how the service had implemented quality improvement for the care they gave.
- The provider had plans in place and had trained staff for major incidents in the form of a business continuity plan.
- The operational manager was not able to see staff training or HR files due to the way that the organisation worked. This meant that there was no oversight within the location of staff performance, training or skills.

## Appropriate and accurate information

**The service did not always have appropriate and accurate information.**

- There was limited evidence that the provider reviewed quality and operational information within the service.
- It could not be demonstrated that quality and sustainability had been discussed in relevant meetings.
- There was limited evidence of the service monitoring performance and quality. There was limited awareness of any weaknesses or risks to patient safety.

**There was limited evidence that the service involved their athletes to support high-quality sustainable services.**

- The service reported they sought feedback from athletes received however this was requested as part of the inspection but was not submitted.
- Staff could describe to us the systems in place to give feedback and had a policy to support staff to report on feedback.

## Continuous improvement and innovation

**There was no evidence of systems and processes for learning, continuous improvement and innovation.**

# Are services well-led?

- There was a lack of evidence regarding learning and improvement within the service. This was due to limited audits completed demonstrating improvement, and a lack of documented improvement from patient feedback. At the time of our inspection there was no evidence available to support quality improvement at the service through complaints or incidents.

This section is primarily information for the provider

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• There was limited oversight of training for staff. Safeguarding training had not been completed in line with the providers standards.</li><li>• There was no oversight of the premises at either locations including infection prevention and control, PAT testing, health and safety, legionella management or equipment calibration.</li><li>• There was no system to ensure emergency medicines were suitable for the service and were in date.</li><li>• There was a lack of oversight in relation to infection prevention and control.</li></ul>