# English Institute of Sport - Sheffield

## Inspection report

Coleridge Road
Sheffield
S9 5DA
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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 | Requires Improvement |
| Are services safe? | Requires Improvement |
| Are services effective? | Requires Improvement |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Requires Improvement |

# Overall summary

**This service is rated as Requires improvement overall.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at English Institute of Sport - Sheffield as part of our inspection programme.

The location at the time of inspection did not have a registered manager in place. The provider had submitted an application for a new registered manager, but the process had not been completed when we inspected. 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.

**Our key findings were:**

- There was a lack of oversight and systems were not embedded, such as infection prevention and control, staff mandatory training and patient safety alerts
- There was limited evidence of quality improvement such as audits.
- The provider had not identified the learning needs of staff, to cover the scope of their work.
- Athletes were supported and treated with dignity and respect.
- Athlete's needs are met through the way services are organised and delivered.

The arrangements for governance and performance management are not fully clear or do not always operate effectively

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

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Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to English Institute of Sport - Sheffield

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

The English Institute of Sport (EIS) Sheffield operates from Coleridge Road, Sheffield, S9 5DA. They provide sport medicine and sport science to athletes who receive funding from UK Sport. The doctors provide routine consultations for both sports' injury and illness to athletes from a range of disciplines such as boxing to table tennis. The English Institute of Sport Limited provides centralised governance support, policies and procedures to all locations including EIS Sheffield.

The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures. The services provided at this location which are not in scope include physiotherapy.

The service is delivered by two specialist Sport and Exercise Medicine (SEM) doctors, registered with the General Medical Council (GMC) to provide routine sports medicine consultations for both injury and illness to elite athletes. They are supported by the operations manager and a senior business administrator.

EIS occupies space on the ground floor, which is fully accessible and comprises of clinical rooms, physiotherapy and office space. EIS Sheffield is open Monday to Friday 9.00am – 5.00pm. Clinics are available on Tuesday and Wednesdays 9.00am – 1.00pm.

**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.

This included:

- Conducting staff interviews using video conferencing
- Conducting in-person staff interviews
- Requesting evidence from the provider
- Conducting a staff questionnaire
- Requesting and reviewing patient feedback
- A short site visit

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.

Requires Improvement

# Are services safe?

**We rated safe as Requires improvement because:**

- There was a lack of oversight and ineffective systems to manage infection prevention and control.
- There was a lack of oversight and ineffective systems for recording safety alerts.
- The service did not complete regular medicine audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

**Safety systems and processes**

**The service had systems to keep athletes safe and safeguarded from abuse, but oversight of risk was not always assured.**

- The provider had some safety risk assessments, such as fire and health and safety. We were told that they relied on the landlord for the building where they were located in relation to legionella and infection prevention and control, however there was no oversight of this by the provider.
- The service had safety policies which the provider told us they were in the process of reviewing. However, these were not always being followed within the location.
- The service had systems to safeguard children and vulnerable athletes from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Policies and procedures were available electronically and in a central file.
- There was limited oversight on infection prevention and control (IPC). The provider had a policy for cleanliness and infection control however it did not outline details regarding an IPC lead and daily cleaning schedules including equipment. We saw the consulting rooms looked visibly clean and tidy. We were told that the landlord for the building was responsible for cleaning the premises however there was no oversight of this or schedules and IPC audit that were available for assurance. Following the inspection, the provider confirmed they would complete their own IPC audit within eight weeks, review the cleaning schedules and amend the IPC policy to reflect the changes.
- The landlord of the premises was responsible for the management of legionella risk at the premises. Details of this was requested from the landlord on the day of inspection. The provider had no oversight of legionella monitoring. After the inspection, the provider confirmed they would receive a monthly report from the landlord and we saw evidence of this.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance (PAT) testing of equipment was completed by the landlord of the premises, the provider did not have oversight of the records/certificates. These records were submitted after the inspection. There were systems for safely managing healthcare waste and this was provided for under the lease agreement with the landlord
- The provider carried out appropriate environmental risk assessments, which took into account the profile of athletes using the service and those who may be accompanying them.

**Risks to athletes**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.

Requires Improvement

# Are services safe?

- There was an induction system for agency staff tailored to their role. Locum or agency staff were rarely used. Oversight of recruitment and training was held at the provider head office and not at the location.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage athletes with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

**Information to deliver safe care and treatment**

**Staff had the information they needed to deliver 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 information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- 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 some systems for appropriate and safe handling of medicines.**

- There were some systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment which minimised risks. At the site visit there was no emergency medicines risk assessment to show they had considered the risk and local context when deciding which medicines to stock, including emergency medicines which may be used. Following the inspection, the provider submitted a risk assessment.
- The service had the capacity to conduct medicines audits through their electronic medical records system to ensure prescribing was in line with best practice guidelines for safe prescribing, however, this was not completed by the provider. There was a lack of oversight in the monitoring of performance and safety of medicines. The provider held informal clinical supervision through bi-weekly meetings during which medicine prescribing safety was discussed, however these were not minuted or recorded.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

**Track record on safety and incidents**

**The service had a good safety record, but oversight of risk required review.**

- There were some risk assessments in relation to safety issues. The service did not have oversight of some risk assessments in relation to buildings and premises such as legionella risk assessments.
- 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.

Requires Improvement

# Are services safe?

**Lessons learned and improvements made**

**The service did learn and make improvements when things went wrong, but oversight of systems were not always in place.**

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. In a staff survey 78% of staff said they felt confident concerns raised will be received and acted on appropriately. Leaders and managers supported them when they did so.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had a mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. However, there was a no system for monitoring safety alerts.

Requires Improvement

# Are services effective?

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

- There was limited evidence of quality improvement such as audits.
- The provider had not identified the learning needs of staff, to cover the scope of their work.

**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 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.
- Athletes' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- 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**.

- The service did not use information about care and treatment to make improvements. We were informed the service had completed an audit on consultation records, this was requested as part of the inspection but not submitted.

**Effective staffing**

**The provider had not identified the learning needs of staff, to cover the scope of their work.**

- The provider had an induction programme for all newly appointed staff.
- Up to date records of skills, qualifications and training were maintained. The provider had identified what training was mandatory for staff however this did not include fire safety and infection prevention and control (IPC) training. The provider did not demonstrate an awareness of the requirement for fire safety training. 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. The provider confirmed they would introduce IPC as part of their mandatory training.
- 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.
- Non-clinical staff received annual appraisals. Practitioners also had a technical lead responsible for their annual Performance Development Review (PDR)
- Staff told us they were encouraged and given opportunities to develop. EIS Sheffield had completed a staff survey and 80% of staff said, 'work at EIS was good for their professional development'.

**Coordinating patient care and information sharing**

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

Requires Improvement

# Are services effective?

- Athletes received coordinated and person-centered care. Staff referred to and communicated effectively with, other services when appropriate, including their patients NHS GP, National Governing Bodies (NGBs) and third-party healthcare services.
- Before providing treatment, doctors at the service ensured they had knowledge of the patient's health, any relevant test results and their past medical history. We saw examples of athletes being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All athletes 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the athlete did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Athlete information was shared appropriately (this included when athletes 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.
- The service monitored the process for seeking consent appropriately.

**Supporting patients 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, following a medical treatment, if athletes were concerned or experiencing any discomfort, pain or swelling, they were provided with the clinician's contact details as well as the NHS out-of-hours information.
- Where patients 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 athletes to make decisions. Where appropriate, they assessed and recorded an athlete's mental capacity to make a decision.

Good

# Are services caring?

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care athletes received via compliments and complaints and took into account the results of the annual survey carried out by UK Sport.
- Feedback from athletes was positive about the way staff treated them.
- 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 patients to be involved in decisions about care and treatment.**

- Interpretation services were available for athletes who did not have English as a first language.
- Themes from the UK Sport annual questionnaire highlighted that athletes felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For athletes with learning disabilities or complex social needs family, carers or social workers were appropriately involved and attended consultations.
- Staff communicated with athletes in a way that they could understand.

**Privacy and Dignity**

**The service respected patients' privacy and dignity.**

- Staff recognised the importance of respecting athlete'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.

Good

# Are services responsive to people's needs?

**Responding to and meeting people's needs**

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

- The provider understood the needs of their athletes and improved services in response to those needs. The premises were accessible to all individuals, in compliance with Disability Discrimination Act 1995 (DDA).
- The facilities and premises were appropriate for the services delivered and when needed reasonable adjustments could be made so that athletes in vulnerable circumstances could access and use services on an equal basis to others.

**Timely access to the service**

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

- Athletes had timely access to initial assessment, 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.
- Referrals and transfers to other services were undertaken in a timely way.

**Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available to all athletes through submitting an internal feedback form at the location and contacting the provider through the confidential EIS athlete email address or via the EIS website.

The service had a complaints policy and procedures in place to respond in a timely way. Staff knew how to raise concerns and escalate complaints appropriately. There were no complaints about the service provided in the last 12 months.

Requires Improvement

# Are services well-led?

**We rated well-led as Requires improvement because:**

- At the time of the inspection there was no Registered Manager in place.
- The provider could not demonstrate that systems and processes were operating effectively to ensure safety and welfare of athletes.
- There was a lack of oversight of the building and premises.
- There were shortfalls in completing risk assessments and audits carried out had not been completed, so results from these could not be used to drive improvement in service provision.

**Leadership capacity and capability;**

**Leaders did not always 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.
- EIS Sheffield is one of six registered locations under the provider English Institute of Sport. The Registered Manager is the manager across all locations, however, there is also local level leadership to oversee day to day running of EIS – Sheffield, including the operations manager and clinical lead.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. In a recent staff survey 82% of staff said they had confidence in the leadership team.

**Vision and strategy**

**The service had a clear vision and credible strategy to deliver high quality 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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

**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. In a recent staff survey 94% of staff said they were proud to work for the service and 90% of staff said they felt supported.
- The service focused on the needs of athletes.
- Leaders and managers acted on behavior and performance inconsistent with the vision and values.
- There was a system in place to respond to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candor.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Requires Improvement

# Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

**Governance arrangements**

**The responsibilities, roles and systems of accountability to support good governance and management were not always clear.**

- Structures, processes and systems to support good governance and management were set out, however these were not always effective, as they were either not embedded fully or there was no structure to monitor them regularly.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centered care.
- 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.
- Leaders had not established policies, procedures and activities to ensure safety. Where policies existed, there was a lack of assurance that they were operating as intended.

**Managing risks, issues and performance**

**There was no 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.
- The service had a performance management policy in place to monitor and give guidance to staff for setting objectives and standards within probationary reviews and performance development reviews. There was a set organisational structure and feedback was obtained from peers during this process. There was informal support for clinicians provided by the regional clinical lead, however there was no recorded clinical supervision in place to evidence discussions took place
- 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.**

- There was limited evidence that quality and operational information was used to ensure and improve performance. Performance information was combined with the views of athletes.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

**Engagement with athletes, the public, staff and external partners**

**The service involved athletes, the public, staff and external partners to support high-quality sustainable services.**

Requires Improvement

# Are services well-led?

- The service encouraged views and concerns from the athletes, staff and external partners and acted on them to shape services and culture.
- The provider conducted and analysed EIS Staff Survey and was able to demonstrate areas that improved compared to two previous years (2019, 2020). For example, for the question “I feel my work environment enables me to perform at my best” the responses “agree” have increased from 45% in 2019 to 53% in 2021.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

**Continuous improvement and innovation**

**There was limited evidence of systems and processes for learning, continuous improvement and innovation.**

We were not assured there was a culture of continuous learning or improvement. The provider had developed some values, which included ‘Mission 2025’ that focused on prioritisng outstanding support to enable sport and athletes to excel. However, that was a lack of systems and processes that assured us effective governance was in place.

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 | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>Assessments of the risk to the health and safety of athletes receiving care and treatment were not being carried out, in particular:<br><br>• The provider did not undertake regular IPC audits.<br><br>• The provider had not identified the learning needs of staff, to cover the scope of their work, such as fire safety and infection prevention and control. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>There were no systems or processes to ensure the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, in particular:<br><br>• There was no oversight of the premises at the location including infection prevention and control, PAT testing and legionella management.<br><br>• There was lack of oversight at the location for staff to receive relevant support, training and professional development necessary to enable them to carry out the duties they are employed to perform.<br><br>• There was no system in place to record or monitor the action of safety alerts. |