

English Institute of Sport - Manchester

Inspection report

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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

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	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 The English Institute of Sport - Manchester on 9 March 2020 as part of our inspection programme.

The English Institute of Sport - Manchester is part of a wider organisation, The English Institute of Sport Limited who provides Sport Medicine and Sport Science to elite athletes who receive funding from UK Sport. The doctors provide routine consultations to do with both sports injury and illness to the athletes. The English Institute of Sport – Manchester currently provides care and treatment to approximately 229 athletes from a range of disciplines including Cycling, Taekwondo, Para Swim, Squash and Snow Sports.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of sports medicine only.

In addition, we received feedback from 17 patients. These were all very positive about the care and treatment received and thanked staff for the time taken to explain the procedure and aftercare.

Our key findings were:

- The service was offered on a private, fee paying basis only and was accessible to people who chose to use it.

- The service had developed materials for service users which explained the medical procedure and clearly outlined the recovery process.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were systems, processes and practices in place to safeguard patients from abuse.
- Information for service users was comprehensive and accessible.
- Patient outcomes were evaluated, analysed and reviewed as part of quality improvement processes.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The clinic shared relevant information with others such as the patient's GP and when relevant safeguarding bodies.
- There was a clear leadership structure, with governance frameworks which supported the delivery of quality care.
- Communication between staff was effective and we saw that regular meetings took place.
- The service encouraged and valued feedback from service users via in-house surveys and the website.

The areas where the provider should make improvements are:

- Review the process for monitoring medicines within the service including those used offsite.

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. The team included a GP specialist adviser and second CQC inspector.

Background to English Institute of Sport - Manchester

We carried out this announced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The English Institute of Sport (EIS) - Manchester is part of a wider organisation, The English Institute of Sport Limited provides centralised governance support, policies and procedures to all locations including EIS Manchester. EIS Manchester leads on support to Cycling, Taekwondo, Para Swim, Squash and Snow Sports athletes.

The service operates from Manchester Institute of Health and Performance, 299 Alan Turing Way, Manchester M11 3BS. The building is a purpose-built facility for elite athletes. EIS occupies space on the first floor, which is

fully accessible and comprises of clinical rooms, physiotherapy and rehabilitation suites, an athletes lounge and office space. Staff also provide services from satellite locations such as The National Cycling Centre and they travel with athletes to international events such as The Olympics. The landlord is HCA International Limited, and they hold responsibility for the cleaning and maintenance of the premises and equipment.

EIS Manchester is open Monday (9am to 5pm), Tuesday (8.30am to 12noon), Thursday (8.30am to 2pm) and Friday (9am to 3pm). The service is delivered by three doctors and a team of physiotherapists. All doctors are registered with the General Medical Council (GMC) and they are all listed on the specialist register of sport and exercise medicine. They are supported by the operations manager and two part time administrators.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to ensure that an adult accompanying a child in the place of a parent such as a coach had been given permission by parents to act in the child's best interest.
- The service worked with other agencies to support people and protect them from neglect and abuse, for example The Child Protection in Sport Unit. The service had recently achieved advanced safeguarding status following an inspection by Sport England. Staff took steps to protect patients 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). We noted however that not all staff who acted as chaperones had checks carried out. Speaking with the HR team a review of those staff requiring a DBS was being carried out.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- The service worked closely with the host location, the Manchester Institute of Health and Performance and was made aware of any issues which could adversely impact on health and safety. The clinic adhered to the Manchester Institute of Health and Performance health and safety protocol. The host was responsible for maintaining the building and equipment and the records were available to the provider where required.
- There were arrangements for planning and monitoring the number of staff needed.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, we noted there was no anaphylaxis adrenaline onsite. This had been identified by the provider prior to the site visit and an order had been placed. Adrenaline is a medicine used for the emergency treatment of allergic reactions.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe using an approved, secure electronic medical record system. 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.

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.
- There was a system for recording and acting on safety alerts. This was administered centrally by the provider and any alerts for example from the Medicines and Healthcare products Regulatory Agency (MHRA) which required action at a local level would be shared.

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 emergency medicines and equipment minimised risks. However, we identified safety concerns that were rectified on the day of inspection or soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor. For example:
 - We noted an inconsistent approach to the labelling of medicine dispensed by doctors as per company policy, for example some doctors when dispensing medicines at international events would provide instructions on how to use the medicines by text message rather than directly labelling the medicines with instructions. Following the inspection, we were provided with evidence which clarified the guidance to all doctors that any medicine dispensed must be labelled.
 - There was a process in place for checking medicines kept onsite for use offsite when travelling with athletes. We noted however the system had identified medicines which were out of date, but these had not been removed. These medicines were removed during the site visit.

- The service had clear Standard Operating Procedures for dispensary staff to follow. The service only dispensed medicines when travelling internationally with athletes. The medicines dispensed were for minor ailments such as antibiotics or medicines which are available over the counter for example cold medicines. However, due to strict anti-doping legislation only specific medicines are approved by the governing bodies. Where athletes required longer term or repeat medicines these were provided by the athletes own GP.
- Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).
- Medicines that required refrigeration were appropriately stored.

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 and patient experience.

Are services effective?

We rated effective as Good because:

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 and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Athletes would complete a secure online daily health scoring diary. Where scores were flagged as low the system alerted the doctors who would follow up and where required arrange for the individual to see or contact one of the doctors.
- Doctors would routinely assess and treat acute and chronic musculoskeletal conditions and illness. Doctors had additional training to allow them to use diagnostic ultrasound scanners as part of clinical assessment of soft tissue injury.
- Clinicians had enough information to make or confirm a diagnosis and were able to directly arrange investigations from third parties including, radiology, blood tests, respiratory tests and biomechanical analysis. The clinicians worked with multi-disciplinary teams, including nutritionists, physiotherapists, GPs and coaches to agree care and treatment plans.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care provided and learning was shared with clinicians throughout the organisation. There was clear evidence of action to resolve concerns and improve quality. Learning and good practice was shared.

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.
- All doctors were registered with the General Medical Council (GMC) and they were all listed on the specialist register of sport and exercise medicine. All physiotherapists were registered with the Chartered Society of Physiotherapy.
- 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 well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate including GPs.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services, including psychologists and GPs.
- Patient information was shared appropriately (this included when patients 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 patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.

Are services effective?

- Risk factors were identified, highlighted and where appropriate highlighted to their normal care provider for additional support.
- 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, including those under 16 years of age.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received via compliments and complaints and took into account the results of the annual survey carried out by UK Sports.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients 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 had not been required to date, however should this be needed the provider would make appropriate arrangements.
- Patients told us through comment cards, that they 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.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients 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?

We rated responsive as Good because:

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 patients and improved services in response to those needs. The service provided care and treatment including for those with disabilities such as para Olympic athletes. The premises had been designed to comply with the Disability Discrimination Act (DDA), now the Equality Act, at level 2, therefore exceeding minimum requirements. We saw for example all doors to all rooms were extra wide, designated disabled parking bays were provided and it was clear that significant consideration had been given to ensuring that the building was accessible to all individuals.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- All new athletes registered with EIS had a comprehensive induction to the service and would have a package of care and support when they left the service.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised and had access to an on-call doctors out of hours.
- 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 to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
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Are services well-led?

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. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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.
- The service focused on the needs of patients.
- 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 were given protected time for professional development and evaluation of their clinical work.

- There was a strong emphasis on the safety and well-being of all staff.
- 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.
- Staff were able to seek support from colleagues trained as mental health first aiders and they had access to an employee assistance programme.
- EIS was working towards being a disability confident organisation. Disability confident is a voluntary government scheme for employers which aims to challenge attitudes towards disability and remove barriers.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. 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 patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.

Engagement with patients, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from, patients, staff and external partners and acted on them to shape services and culture.
- 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. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.