

Medical Centre, GB Taekwondo

Inspection report

Gb Taekwondo, National Taekwondo Centre
Ten Acres Lane
Manchester
M40 2SP
Tel: 07909964645

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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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. This service has not previously been inspected.

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 this comprehensive inspection at The Medical Centre, GB Taekwondo 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 Medical Centre, GB Taekwondo provides a specialist sports focused medical services for 20 elite athletes at the GB Taekwondo Centre of Excellence on Ten Acres Lane in Manchester. Dr Adrian Lim is the CQC registered sole provider. The service is available three days a week on Mondays, Wednesdays and Fridays. Patients may contact Dr Lim via the telephone at any other reasonable time. Patients are encouraged to use their own GP for general medical services; however Dr Lim will provide treatment for some minor conditions which are not sport related. Other specialist sports related services are also available on site, such as physiotherapy, these services are not subject of this inspection.

Our key findings were:

- The service is free to patients and is funded by the UK sports bodies.
- The service had systems to manage risk so that safety incidents were less likely to happen.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. However, this was not always fully documented.
- The service ensured that care and treatment was delivered according to evidence-based guidelines.
- Medical records were well maintained and comprehensive.
- The service involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs. Patients told us access to the service was excellent.
- There was a focus on continuous learning and improvement, some systems and audits were in the process of being fully developed.
- Information about services and how to complain was available. We found the systems and processes to manage and investigate complaints were in place.
- The service proactively sought feedback from patients.

The areas where the provider **should** make improvements are:

- Formalise measures for ensuring emergency medicines and oxygen are within dates for safe use and temperature sensitive medicines remain within recommended levels.
- Review process for monitoring and recording safety alerts.
- Continue to develop and increase clinical audit to monitor and improve safety and performance.
- Review and update the service's safeguarding policy.
- Review the system for keeping patient's own GP updated with medical treatments.
- Develop a system to more formally record patient consent.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection was led by a CQC lead inspector, the team included a GP specialist advisor.

Background to Medical Centre, GB Taekwondo

The Medical Centre for GB Taekwondo is located within an elite athletics facility on Ten Acres Lane, Manchester, M40 2SP. This service has not previously been inspected. Specialist sports medical consultations and treatments are provided by Dr Adrian Lim on Mondays, Wednesdays and Fridays to 20 elite Taekwondo athletes. These athletes are young male and female adults between the ages of 18 and 32, some of whom are currently preparing to compete in the 2021 Olympic and Paralympic Games in Japan. Dr Lim does not employ any staff and works closely with physiotherapists and sports coaches at the dedicated sports complex. The service is funded by UK Sport.

The Medical Centre is registered to provide the regulated activities of Diagnostic and Screening Procedures together with Treatment of Disease, Disorder or Injury.

How we inspected this service

The inspection was carried out on 16th June 2021. Prior to the visit, we received and reviewed some information from the provider. During the visit we:

- Spoke with the registered manager (a registered manager is a person who is registered with the CQC to provide regulated activities and for ensuring the quality of the services provided).
- Reviewed policies, training records and equipment.
- Reviewed a sample of patient care and treatment records.
- Spoke to patients.

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.

Are services safe?

We rated safe as Good because:

The service had clear systems to keep people safe such as safeguarding procedures and infection prevention and control.

- The provider had clearly defined systems, processes and practices in place to keep people safe and safeguarded from abuse. To date there had been no safeguarding concerns identified. We talked to the provider about some potential additional information which could be included in the safeguarding policy, for example, contact telephone numbers for the local safeguarding team. We were assured this additional information would be added.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents including significant events.

Safety systems and processes

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

- The provider had appropriate safety policies, which were regularly reviewed.
- The provider took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We noted that Dr Lim had completed safeguarding training Levels 1,2 and 3 in children and young adults.
- Dr Lim had a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The provider effectively managed infection prevention and control. Additional policies and measures had been introduced during the COVID19 pandemic and were ongoing with regular reviews taking place to ensure procedures were in line with local and national guidance.
- The provider had considered the issue of chaperones and had a policy relating to this. To date no patients had requested a chaperone, however, if one was required there were arrangements in place with suitably trained personnel to provide that service.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service.

Risks to patients

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

- The provider 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. All coaching staff, physiotherapists and Dr Lim were trained to advanced level in emergency life support. Emergency medicines, a defibrillator and oxygen were available if required. There was no formal system in place to check the expiry dates of these, however none were found to be out of date and the provider sent us evidence of a new system to be introduced for checking and recording medicines and equipment. When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. The provider had current medical insurance cover to operate as a private GP.

Are services safe?

- The provider had oversight of safety alerts and changes in best practice and latest guidance, and systems were in place to ensure appropriate action was taken as a result of these. However, we found documentation relating to any action taken was not maintained by the service to provide an audit trail. Shortly after the inspection the provider sent us evidence of a system to be introduced to formally record all safety alerts and what action had been taken for those which were relevant.

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. 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 did not have formal systems for sharing information with patient's own NHS GPs. We discussed this with the provider and they assured us that a system would be introduced to share all relevant information with patient's own GP. All patients under the care of the service were encouraged to register with their own NHS GP. Soon after the inspection we were sent evidence that a system for sharing information, with patient consent, would be introduced, this would 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.
- Dr Lim made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. The provider did not keep or prescribe higher risk medicines.
- We noted that temperature sensitive medicines (one flu vaccine, which was excess stock awaiting disposal) was stored in an industry standard fridge. The fridge temperature was checked every three days and these checks were recorded, however maximum and minimum temperatures were not checked daily. The fridge was equipped with equipment which could produce these readings. The provider told us that this functionality would be utilised immediately and a system of recording these temperatures would be introduced. We were sent evidence that this was the case shortly after the inspection. We noted that the provider did not have a documented cold chain policy, which ensured that temperature sensitive medicines were handled in a way that ensured they were safe to use. The provider explained the current process for achieving this in detail and agreed that a documented policy should be introduced. Soon after the inspection the provider sent us evidence of a documented cold chain policy and procedure which was in line with best practice guidelines.
- The provider completed reviews of prescribing, however these were not formally documented, as so few patients were seen, however following our inspection they decided that more structured and documented approach would be introduced.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Dr Lim prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. 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

Are services safe?

The service had a good safety record.

- There were risk assessments in relation to safety issues. For example, infection control and prevention.
- 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.

- The provider was aware of what constituted a serious incident or event. A protocol for reviewing and investigating any serious incident was in place. The provider told us that there had never been any serious incidents in all the time the service had been delivered.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty.

Are services effective?

We rated effective as Good because:

- The service carried out assessments and treatment in line with relevant and current evidence-based guidance and standards.
- Dr Lim had the skills, knowledge and experience to deliver effective care and treatment.
- Patients received individualised consultations and risk assessments, health information including additional health risks related to their treatment specific to them.
- The provider understood the requirements of legislation and guidance when considering consent. However, consent was not always formally recorded in line with best practice. We discussed the need to obtain written consent for some types of treatment provided. The provider agreed that this would take place in future when consent was required. We were shown a consent document that the provider had produced which included all necessary information.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- 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.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Dr Lim had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The GP assessed and managed patients' pain where appropriate.
- Patients could contact the GP at any reasonable time via mobile phone or face to face on the three days the GP was on site. Patients we spoke with told us how they were impressed with availability and easy communication with the GP.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. We looked at a completed two cycle audit of injuries to the athletes and possible trends. We saw that suggestions were made to changes in coaching methods and potential injuries caused by certain techniques both in training and competition.
- We spoke with the provider about the potential to conduct further audits around record keeping and effectiveness of injections for recovery.

Effective staffing

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

- Dr Lim was the only person providing regulated activities, GB Taekwondo employed other staff, including Dr Lim and all had appropriate medical indemnity and had received appropriate training, for example in advanced life support, Mental Capacity Act and safeguarding.
- Dr Lim was registered with the General Medical Council (GMC) and was up to date with his re-validation.
- Dr Lim attended regular updates and conferences to ensure he was knowledgeable on new initiatives and treatments and maintained best practice.

Coordinating patient care and information sharing

Are services effective?

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

- Patients received coordinated and person-centred care.
- Before providing treatment, the provider 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 additional sources of treatment when appropriate.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing. For example, medicines liable to be abused or misused.

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, Dr Lim gave people advice, so they could self-care and maintain a healthy lifestyle.
- Risk factors were identified, highlighted to patients and where appropriate advice was given to speak with their NHS GP for additional support.
- Where patients' needs could not be met by the service, Dr Lim 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.

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- The provider supported patients to make decisions. There were no registered patients at the service where mental capacity was an issue.
- Consent was not fully documented in the ongoing patient care records, however we were told this would be addressed.
- Dr Lim had received training in the Mental Capacity Act 2005 and understood the legislation around Gillick competency and Fraser guidelines. (this relates to caselaw as to whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent. They have been more widely used to help assess whether a child is competent to make their own decisions about their medical treatment.) There were no patients under 17 receiving treatment at the medical centre at time of the inspection.

Are services caring?

We rated caring as Good because:

- Information for patients about the services available was easy to understand and accessible.
- We saw Dr Lim treated patients with kindness and respect and maintained client and information confidentiality. This was supported by feedback from patients we spoke with.
- Patients we spoke with told us he dealt with them with kindness and respect and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way the Dr Lim treated them.
- Dr Lim understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information.
- Patients we spoke with told us Dr Lim was caring and professional and always took time to listen and explain diagnosis, treatments and routes to recovery from injuries.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Patients we spoke with told us they felt listened to and supported by the GP and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patients told us that Dr Lim communicated with them in a way that they could understand, for example, taking time to explain injuries and treatments in lay person's terms when required.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was responsive to patients' needs and preferences.
- Patients could access the service in a timely manner.
- We found that this service was providing responsive care in accordance with the relevant regulations.
- The provider understood its patients' profiles and had used this to meet their needs.
- Patients said they found it easy to see or speak with Dr Lim.
- The medical centre was well equipped to treat clients and meet their 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.

- Consultations took place within the Taekwondo medical centre.
- Patients who were all high-level competitive athletes told us they each had individual requirements which Dr Lim understood and was able to meet.

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.
- Patients we spoke with told us response times were very fast, and they never had trouble accessing the GP.
- Patients with the most urgent needs had their care and treatment prioritised. Dr Lim told us that anyone displaying symptoms that gave them concern were referred to the emergency services, for example an ambulance would be called.
- Referrals and transfers to other services were undertaken in a timely way. For example, patients were referred back to their own GP for any conditions that could not be treated in the short term by the provider.

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.
- The service had a complaint policy and procedures in place. The service had systems to learn lessons from individual concerns, complaints. No complaints or concerns had been made since the service began.

Are services well-led?

We rated well-led as Good because:

- There were systems in place to ensure good governance.
- The provider had the capacity and skills to deliver high-quality, sustainable care.
- The provider was aware of and complied with the requirements of the duty of candour.
- The provider encouraged a culture of openness and honesty.
- There were clear and effective processes for managing risk, issues and performance, these were currently being more formally documented.
- The service acted on appropriate and accurate information.

Leadership capacity and capability

The service had capacity and skills to deliver high-quality, sustainable care.

- The Provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Dr Lim had a visible presence within the strategic clinical structure of GB and World Taekwondo and had a vision attain excellence for both the sport and individual athletes.
- The provider was visible and approachable and worked closely with other CMO's (Chief Medical Officers) within UK Sports bodies to make sure they prioritised compassionate, effective and inclusive care.
- The provider had effective processes to develop capacity and skills, including planning for the future of the service.

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 monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Dr Lim actively promoted equality and diversity and had received up to date training.
- Patients' feedback demonstrated the provider ensured a culture that was caring and supportive.
- There were positive links between the GP and other CMOs, who had effective working relationships. They discussed clinical issues and best practice in sports medicine at regular meetings.

Governance arrangements

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

- The provider had established policies, procedures and activities to ensure safety which were clearly documented. They assured themselves that they were operating as intended.
- The service was delivered by a sole GP, they had a good understanding of the required accountability and governance processes to ensure safe care and treatment.

Are services well-led?

- Although there were some issues needing attention identified during the inspection, Dr Lim was quick to make amendments and changes to service delivery to address these issues.

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.
- The service had processes to manage current and future performance. Performance could be demonstrated through the monitoring of the small number of consultations which took place. The provider was working to formalise and document these processes in a more structured manner.
- Clinical audit was being developed and expanded to ensure the quality of care and outcomes for patients.
- There was clear evidence of action to change services to improve quality. For example, through patient feedback.
- The provider had plans in place for major incidents and a documented business continuity plan was available.

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. The provider formally documented meetings.
- The service used performance information which was reported and monitored. When auditing injuries the provider compared data against available world data.
- The GP was knowledgeable regarding what issues were required to be notified to the CQC.
- 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 including the general data protection regulations (GDPR).

Engagement with patients, the public, staff and external partners

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

- The service was transparent, collaborative and open about performance.
- Patients we spoke with told us the GP operated an open-door policy and communication was excellent.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The GP had undergone re-validation via the General Medical Council (GMC) and we saw evidence of training and attendance at relevant events and conferences to maintain current best practice and innovation.
- There were systems to support improvement and innovation work, for example the use of innovative procedures such as PRP (platelet rich plasma) injections. These are used to accelerate the healing of injured tendons.