

Yorkshire Sports Medicine

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. This is the first inspection of this service since registration.

The key questions are rated as: Good

Are services safe? – Good Are services effective? – Good Are services caring? – Good Are services responsive? – Good Are services well-led? – Good

This service is rated as Good overall.

We carried out an announced comprehensive inspection at Yorkshire Sports Medicine, York as part of our inspection programme. This was the first inspection of this independent health service. Yorkshire Sports Medicine provides Sport, Exercise and Musculoskeletal Medicine to adults and children over the age of 13 years including a range of testing and screening processes.

This service is registered with 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 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. Yorkshire Sports Medicine also provides a physiotherapy service which is not within CQC scope of registration. Therefore, we did not inspect or report on this service.

The sport, exercise and musculoskeletal doctor is the registered manager. 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.

Eleven people provided feedback about the service and all were positive. Staff were described as fantastic, professional and knowledgeable. People told us 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.

Our key findings were:

- The service had systems in place to keep people safe and safeguarded from abuse. There were clear guidelines for staff for recognising and reporting safeguarding concerns.
- There were comprehensive recruitment procedures in place to ensure staff were suitable for their role.
- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- Services were organised and delivered to meet patient' needs; patient were supported to live healthier lives.
- Staff treated patients professionally with respect and understanding.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.
- The service also provided education and training to other health establishments and the training of health staff across the Yorkshire area.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- There was evidence of ongoing quality improvement across various areas such as internal key performance indicator monitoring and quality audits.
- Continuous learning and improvement were central to the organisation.

Overall summary

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

- Review and improve the privacy and dignity of patients in the consulting/treatment rooms.
- Review and improve the audit process for infection prevention control.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Overall summary

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to Yorkshire Sports Medicine

Yorkshire Sports Medicine provides a sport, exercise and musculoskeletal clinic to adults and children over thirteen years that includes a range of testing, screening, rehabilitation and treatment. The processes are carried out by a team of doctors, therapists and administration staff. Following the assessment and screening process patients undergo a consultation and assessment with a clinician, a discussion of the findings of the results and any recommended lifestyle changes or treatment plans. Clients can also access physiotherapy and sports massage at the clinic.

The clinic opened in January 2019, the service is delivered from a self-contained complex based at the David Lloyd Centre, St John's Playing Field, Hull Road, York, YO10 3LF and is registered to provide the regulated activities of Diagnostic and screening procedures and the Treatment of disease, disorder or injury from this location. The services provided by the service are available to adults and children aged (13 to 18).

The clinic accommodation consists of six clinic/therapy rooms, a central rehabilitation area, offering a range of services. The clinic is open from Monday to Sunday between the hours of 8am to 9pm. All care is elective, the clinic does not offer an emergency service. Clients can book appointments via the internet, by phone or in person at the clinic.

Yorkshire Sports Medicine website address is which details a comprehensive list of services carried out.

The service offers treatment and assessment for a range of conditions. Including but not limited to:

- Sports injuries
- Repetitive strain injury
- Work related injuries
- Muscle tears
- Whiplash
- Post-operative rehabilitation
- Lower back pain

- Arthritis, tendon and ligament problems
- Sports massage
- Shockwave therapy
- Musculoskeletal ultra sound and medical imaging
- They also provide post injury rehabilitation and sports injury treatment to children.

How we inspected this service

Before our inspection we reviewed a range of information about the service, this included patient feedback, information from the provider's website and the provider's CQC information return. During our visit we:

- Looked at the systems in place for the running of the service
- Explored how clinical decisions were made
- Viewed a sample of key policies and procedures
- Spoke with a range of staff
- Looked at a random selection of anonymised patient reports
- Made observations of the environment and infection control measures
- Reviewed patient feedback including CQC comment cards and questionnaires

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 arrangements in respect of safeguarding, recruitment, risk assessments and medicines kept patients safe.

Safety systems and processes

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

- The service had systems to keep people safe and safeguarded from abuse. The service had a good safety record and there were systems to assess, monitor and manage risks to patient safety. The service learned from when things went wrong and took steps to prevent incidents from reoccurring. Staff had the information they needed to deliver safe care and treatment to patients.
- 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.
- All staff were required to undergo annual safeguarding training and we saw that the service effectively monitored this to ensure all staff were up to date with their training. Clinical staff were trained in safeguarding children and adults at level two and the clinic manager and general manager at level three.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service would liaise with the most suitable organisation to ensure vulnerable patients were offered support, this included the police, the NSPCC (national society for the prevention of cruelty to children) and local safeguarding teams.
- The provider carried out comprehensive staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken, including for those who acted as chaperones. Chaperones had also been trained for this role. (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). DBS checks for clinical staff we were told would be renewed every three years.
- Recruitment systems were routinely monitored in areas such as registration with the appropriate professional bodies.
- There was an effective system to manage infection prevention and control. We observed the premises to be visibly clean and tidy and we saw cleaning specifications were in place. Records were kept to evidence medical equipment was frequently cleaned. Systems were in place to ensure clinical waste was appropriately disposed of and staff had access to personal protective equipment including disposable gloves, aprons and coverings. The registered manager was the infection control lead and staff received infection control training. There was an infection prevention control protocol in place and we saw records of completed hand washing audits. However, the infection prevention and control audit had not been completed. We were told this would be completed before the end of the year.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. We saw assessments for all aspects of health and safety including staff lone working. There was a health and safety policy in place and all staff were trained in aspects of health and safety.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We saw calibration records to ensure clinical equipment was checked and working. We saw fire risk was formally assessed, fire drills and weekly fire alarm testing was recorded, and staff had received fire training. We saw that this aspect of alarm checks and evacuation was conducted by the landlord David Lloyd health club who provided records to confirm this.
- We saw formal risk assessments in place for the control of substances hazardous to health and for the risk of legionella. (Legionella is a term for bacteria which can contaminate water systems in buildings.) Records were kept of checks carried out to mitigate the risk of legionella occurring and there were regular water tests carried out.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed. The organisation managed the rota system to address the needs of patients. This system covered different staffing groups to ensure that enough staff were on duty to meet demand. We saw there were always enough clinicians at the clinic to satisfy demand and staff sickness and absence was well-managed.
- 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 medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. We saw the service had a defibrillator and oxygen with adult and paediatric masks on site. Emergency medicines were easily accessible to staff in a secure area and staff knew of their location. Staff received annual basic life support training.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- A business continuity plan was in place for major incidents such as power failure or building damage.

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 information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the service's patient record system and their intranet system. This included investigation and test results, health assessment reports and treatment plans. The practice was working closely with the IT company developing their care records and task management to meet the needs of the service.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There were policies in place to protect the storage and use of all patient information. IT systems were password protected and encrypted. Information from paper records was transferred to online systems and stored and destroyed confidentially.

- The service had an effective mechanism in place to disseminate patient safety alerts to all members of the team. Safety alerts were disseminated by the service's medical director and discussed at meetings. The service operated a system which monitored each alert received and action taken. They also made a record of alerts that were not applicable to their service as good practice.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. There was an online system to check all referrals had been made appropriately. Full consent was sought from patients before referrals were made. The clinicians within the service were always available to discuss concerns regarding referrals.

Safe and appropriate use of medicines

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

- There were medicines held on the premises for use in a medical emergency and for joint injections. We saw stocks of these medicines were held securely and checked appropriately. All medicines were in date.
- There were no prescriptions issued at this service currently.

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. The clinic had had three significant events since it opened in January 2019. Events were discussed as a standing agenda item in meetings.
- There were comprehensive systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified there was a

Are services safe?

process in place to identify themes and act to improve safety in the service. For example, following a cancer diagnosis made by the service the practice still took the opportunity to review their pathways and raise awareness with all staff. Another incident was the suspected identification of a rare condition during an assessment. Following this the service undertook extensive training and awareness raising of this condition with all staff.

- 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.
- When there were unexpected or unintended safety incidents the provider policy allowed for the service to give affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

Are services effective?

We rated effective as Good because arrangements in respect of information sharing, monitoring care and treatment and supporting patients to live healthier lives had a positive effect on patient outcomes :

Clinicians delivered care in line with best practice guidelines. They had the necessary skills and qualifications to do this and the performance of the service was constantly monitored to aid improvement.

Staff training, and development was recognised as being integral to the service. The service focused on preventative health and supported patients to live healthier lives. One of the directors had been instrumental in organising Park Run a local health initiative across the area. The service also provided detailed information and personal video instructions regarding treatment and preventative health for individual patients as and when required.

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. They also produced their own relevant clinical protocols which were stored on the shared online system in the service operations manual.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. There was a focus on patient emotional wellbeing as well as their physical health.
- The service focused on treatment rather than unnecessary pain relief medication for clients.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- key performance indicators (KPIs) were regularly reviewed and the outcomes shared with the staff.

- This provided a mechanism to monitor their performance against standards and business plans. We saw that training and service promotion was continually updated and reviewed.
- There was evidence of quality improvement and we saw examples of audits which were used to drive service improvement. However, the audit process was still at the early stages as the service had been running for less than a year. For example, we saw a two-cycle audit of handwashing of all staff following training and checked again that the correct method was used.
- We also saw an audit of clinical notes to ensure notes were written up in a timely manner, following the audit the service now does random checks of clinical notes to ensure the standard is maintained. The service had also completed audits of consent and patient pathways.

Effective staffing

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

- All staff were appropriately qualified. The provider had a comprehensive induction programme for all newly appointed staff. There was a pack of organisational information for all new staff and a three-month probation period with regular support and ongoing assessment.
- The majority of the staff working in the service also had other jobs and received other training from these roles and this also helped ensure new evidence and guidance was disseminated appropriately.
- The service was involved extensively in training and consultation in other areas such as the training of doctors, other health staff and sports clubs.
- Two of the doctors in the team are part of the clinical team providing the MSc in Sport and Exercise Medicine at Leeds University.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. Therapists were registered with their own professional bodies.
- Up-to-date records of skills, qualifications and training were maintained. We saw evidence of a comprehensive training system in place comprising of mandatory and essential training. This system was supported by a quality monitoring system to assure training was completed as required. Staff were encouraged and given opportunities to develop.

Are services effective?

- There was an appraisal process in place for all staff and regular formal and informal meetings with the line managers.
- Continued professional development was encouraged and all staff had a development programme in place which was regularly reviewed. In addition, clinical staff received regular clinical supervision from the organisation's clinical leads.

Coordinating patient care and information sharing

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

- Patients could sign up and register to access the service through a centralised bookings team.
- Clinicians made appropriate and timely referrals in line with protocols and up-to-date evidence-based guidance. Before providing treatment, doctors and therapist at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. If required, the clinicians would request further tests for example scanning and ultra sound.
- All patients were asked for consent for doctors to make relevant referrals and if necessary to share details of their consultation and health assessment with their registered GP.
- The service offered various testing and screening procedures, to date the service had not undertaken any blood screening but had a process in place should they require to do so.
- Clients requiring imaging went to the Nuffield hospital York and Leeds and the University of York. The radiologist who was part of the service reported on the scanning undertaken.
- Test results were communicated to patients through written reports, face to face and telephone calls when necessary. These were recorded on the patient record system.

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.

- The service focused on preventative health and the overall aims and objectives of the service were to support patients to live healthier lives and manage their rehabilitation. This was done through a process of

health assessments, screening, therapy and treatment plans. Staff were trained in providing support to patients to make healthier lifestyle choices and improve their health outcomes and maximise treatment and recovery.

Clients were able to access a range of treatments such as:

- Health checks and lifestyle assessments
- Physiotherapy assessment
- Sports therapist assessment
- Joint injection
- Podiatry
- Rehabilitation
- Doctor consultation
- Joint injury assessment
- Shockwave therapy
- Joint injection
- Muscular consultation and MRI scanning
- Patients were provided with a detailed report covering the findings of their assessment and recommendations for how to reduce the risk of ill health and improve their health through healthy lifestyle choices. If further tests or treatments were required patients were referred to other health services, both privately or through the NHS.
- On the day of our inspection we saw that there was assessment information in the clinic waiting area and the organisation's website contained detailed information on each of the services offered including cost.
- Where appropriate, staff gave people advice, so they could self-care. In addition, risk factors were highlighted to patients. Staff explained where appropriate, this would be communicated to their normal care provider for additional support. Where people's 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 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 Staff treated patients with kindness, respect and compassion. People were involved in decisions about their care. The service respected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- During our inspection we observed that members of staff were welcoming, courteous and helpful.
- Staff we spoke with were passionate about their work and demonstrated a patient centred approach.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave people timely support and information.
- We received nine completed comment cards and two questionnaires all of which were very positive and indicated that patients were treated professionally and with respect. Staff were commended for being professional, knowledgeable, for listening and for giving good, personalised advice.
- The service gathered patient feedback through customer satisfaction surveys, online feedback, comment slips and by general feedback provided during and after appointments.

Involvement in decisions about care and treatment

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

- Patients were provided with the results of the assessment and screening procedures and identifying

areas where they could improve their health by lifestyle changes. Any referrals to other services, including to their own GP, were discussed with them and their consent was sought to refer them on.

- Interpretation services were available for patients who did not have English as a first language.
- 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. However, there were no privacy curtains in the treatment/consultation rooms. Consulting room doors had locks and staff left the rooms when patients were required to remove any clothing. Following the inspection, the service told us they would review this.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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 the service organised and delivered services to meet people's needs. Patients had timely access to services, on the day of the inspection we saw a client contact the service and be seen on the same day. The service took account of patient's needs and complaints and concerns were taken seriously.

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.
- Appointments could be booked over the telephone through their website or in person.
- The service offered personalised assessments to patients and a range of services to aid recovery. Assessments and treatment were delivered face to face. Patient progress was monitored, and achievements recorded.
- The facilities and premises were appropriate for the services delivered. There were facilities in place for people with disabilities and for people with mobility difficulties. There was a small gym area in the clinic to enable therapist to work with patients during treatment and rehabilitation.

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.
- Referrals and transfers to other services were undertaken in a timely way. There were performance indicators in place for this and these were monitored to ensure compliance.

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; there were complaints leaflets in the clinic waiting area. Every patient who attended was contacted following their visit for feedback.
- The clinic manager/managing director was the lead member of staff for managing complaints. We saw the one complaint raised with the service was dealt with satisfactorily.
- 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 had in place a process to ensure that learned lessons from individual concerns, complaints would be analysed, and any trends identified.
- The service had developed a complaint form specifically designed for young people.
- The practice had in place a process to ensure complaints were discussed with staff during one-to-ones and group meetings where appropriate. Learning and any themes from complaints would be shared with staff through meetings.

Are services well-led?

We rated well-led as Good because the service had a culture of high-quality sustainable care. Patient satisfaction was positive, and staff felt respected, supported and valued. Governance systems were strong and there were clear and effective processes for managing risks, issues and performance. There was a focus on continuous learning and improvement

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care

- There was a clear, visible leadership structure in place that supported and managed these services.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and how to address 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.
- Staff we spoke with told us managers were open, listened to them and were supportive to them in their roles and responsibilities.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service; staff development was encouraged.

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 provider ethos was to put patients, and colleagues at the heart of everything they did.
- The service had a realistic strategy and supporting business plan to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. They demonstrated to us how they promoted these values in their everyday work with colleagues and clients.
- The service monitored progress against delivery of the strategy. Staff took every opportunity to review performance.

Culture

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

- Staff felt respected, supported and valued. They were happy to work for the service.
- Leaders and managers would act upon any behaviour and performance inconsistent with the vision and values. Staff told us this would be done in a supportive way to aid improvement.
- 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 these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and 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 and 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.
- There were positive relationships between staff and teams. Staff worked at other provider locations when not working at Yorkshire Sports Medicine predominately in the local acute trust which improved relationships across the organisations.

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. There was a strong organisation at service level that was

Are services well-led?

clearly communicated to all staff. Staff we spoke with during our inspection were aware of their responsibilities as well as the responsibilities of their colleagues and managers.

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were reviewed regularly and updated when necessary and were available to staff online.
- Staff attended a variety of meetings as part of their roles. There were frequent staff and leadership meetings. We saw meetings were governed by agendas and minutes with standing agenda items.

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. 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. Comprehensive ongoing monitoring of service achievement and risk supported quality improvement.
- The service was actively involved in research for example rehabilitation of those suffering concussion.

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. All clients attending the clinic were encouraged to feedback to the service.
- Quality and sustainability were discussed in relevant meetings where all staff had enough 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. Risks to service delivery were appropriately and comprehensively identified.
- The service has plans to submit 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.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services. Are services well-led?

- The service encouraged views and concerns from the public, clients, staff and external partners.
- Staff could describe to us the systems in place to give feedback. There were regular formal meetings with managers and staff told us managers were open and approachable. The team was small and communicated well with each other daily. The provider had a whistle-blowing policy in place.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service had a policy to monitor reviews of incidents and complaints and use learning to make improvements.
- Leaders and managers encouraged staff to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.
- The service is developing a service working with patients suffering from rehabilitation of concussion and post-concussion Syndrome