

English Institute of Sport - Lilleshall

Inspection report

Lilleshall National Sports Centre
Nr. Newport, Shropshire
Newport
TF10 9LQ
Tel: 01225466446

Date of inspection visit: 9 February 2023
Date of publication: 01/03/2023

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. The 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 an announced comprehensive inspection at The English Institute of Sport – Lilleshall on 9 February 2023 as part of our inspection programme. The location had not previously been inspected or rated.

This service is registered with Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Director of Clinical Governance, Dr Anita Biswas, is the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The location is registered with CQC to carry out diagnostic and screening regulated activities. The services provided at this location which are not in scope include physiotherapy and psychology.

Four athletes provided feedback about the service via our Give Feedback on Care form via our website. Feedback from all 4 athletes was very positive. The names of specific staff were shared by 1 athlete for having such a positive impact and for taking every opportunity for ensuring they were in the best position they could be in when rehabilitating. Another athlete told us the team had been lifesaving during their career. One athlete told us EIS-Lilleshall was a fantastic facility with fantastic staff and every time they had accessed the service, they had a clear programme to regain their full fitness.

Our key findings were:

- There were systems and processes in place to safeguard athletes from abuse. However, not all staff had completed the required level of safeguarding children training.
- The service had systems in place to identify, investigate and learn from incidents.
- Athletes received effective care and treatment that met their needs within an appropriate timescale.
- Athletes received clear information about their proposed treatment which enabled them to make informed decisions.
- The service ensured that care and treatment was delivered according to evidence-based guidelines and current best practice.
- The premises were safe, clean and suitable for the provision of care provided.

Overall summary

- The service had some systems in place to review the effectiveness and appropriateness of the care and treatment it provided.
- Systems, processes and records had been established to seek consent and to offer coordinated and athlete-centred care.
- Clinical staff were registered with the appropriate governing body and there was a system in place to ensure they were up to date with revalidation.
- Staff enjoyed working at the service and were supported to maintain the necessary skills and competence to support athletes' needs.
- Athletes were treated with compassion, kindness, dignity, respect and seen as individuals.
- The provider and staff team demonstrated a positive culture and a commitment to the delivery of athlete-centred care and treatment and continuous learning and improvement.
- The provider had a clear vision and strategy and culture that put athletes at the centre of their care.

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

- Make all staff aware of the designated safeguarding lead and ensure that they have received the required level of safeguarding training appropriate to their role.
- Obtain assurances from the landlord that recommendations made in the fire and legionella risk assessments have been actioned and completed.
- Review staff essential training requirements to include infection prevention control and learning disability and autism for all staff and training in the mental capacity act (MCA) for clinical staff.
- Consider developing a formalised system to capture feedback from athletes to improve services.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to English Institute of Sport - Lilleshall

The English Institute of Sport – Lilleshall is part of a wider organisation, The English Institute of Sport Limited, and provides care and treatment to elite athletes across 6 registered locations. The provider is a government funded organisation that provides services that have been purchased by National Governing Bodies for named athletes.

The English Institute of Sport - Lilleshall operates from Lilleshall National Sports Centre, Newport, Shropshire, TF10 9LQ. They provide a range of performance sport science and sport medicine services to Olympic and Paralympic adult athletes and children over the age of 10 who receive funding from UK Sport. Consultations are provided for both sports injury and illness to athletes from a range of disciplines which includes British Gymnastics and Archery GB.

There are accessible facilities provided and free on-site parking. Facilities used on site by The English Institute of Sport include a main office, boardroom, consulting room, gym, physio treatment area, athlete lounge and a recovery room.

The team includes an operation manager supported by an operational director, 1 senior sports physician/British Gymnastics Chief Medical Officer, and a range of administrative and performance support staff associated with gymnastics and archery sports.

The opening times are Monday to Friday from 9am to 5pm and is closed weekends and bank holidays. Multi-sport clinics are held on a Tuesday between 10am and 2pm and on a Friday between 10am and 5pm.

The provider has a website at www.eis2win.co.uk

How we inspected this service

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

This included:

- Requesting a provider information return and additional evidence from the provider prior to and post our site visit.
- A short provider presentation.
- Conducting staff interviews remotely using video conferencing and discussions during the site visit.
- A site visit undertaken on 9 February 2023 which included a tour of the premises, a review of clinical records, observations and a review of key documents which support the governance and delivery of the service.

To get to the heart of athletes' experiences of care and treatment, we always ask the following 5 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 provided care in a way that kept athletes safe from avoidable harm. Staff had the information they needed to deliver safe care and treatment to athletes. There were systems and processes in place for the safe handling of medicines and for when things went wrong.

Safety systems and processes

The service had systems in place to keep athletes safe and safeguarded from abuse.

- Staff had access to a range of risk assessments and safety policies in place, which had been reviewed and communicated to staff as part of their induction and ongoing training.
- The service had systems to safeguard children and vulnerable adults from abuse. The operations director was the safeguarding lead and was supported by a deputy lead. We saw posters were displayed on site identifying the safeguarding information. Staff had access to a safeguarding policy and, contact numbers for reporting and escalating concerns were readily accessible. The provider's website also detailed information about safeguarding in addition to contact numbers for a range of support agencies. Staff spoken with knew how to identify and report concerns however not all staff were aware of the designated safeguarding lead. Leaders shared the action they had taken in relation to a recent safeguarding concern raised and the escalation process.
- Staff had completed safeguarding training however; clinicians had not completed training in safeguarding children to the required level. The provider was aware of this and was taking action to address this. Clinicians we spoke with were aware of the outcome of the Whyte Review published on 16 June 2022 into allegations of abuse in gymnastics which highlighted the role that clinicians have in safeguarding. There was evidence of the organisation having good embedded safeguarding policies and multi-disciplinary team working to support those at risk.
- The service had systems in place to assure that an adult accompanying a child had parental authority, which was reviewed at the time of athlete registration. No treatment was provided to athletes under the age of 10.
- The service worked with other agencies to support athletes and protect them from neglect and abuse. Staff took steps to protect athletes from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had a recruitment and selection policy in place. It stated that they were committed to continuously improving the service quality, effectiveness and efficiency of the organisation by attracting and recruiting those who were best suited to meet the required level of competency for the job regardless of race, nationality, age, language, religion, political or other opinion affiliation, gender, gender reassignment, sexual orientation, membership or non-membership of a trade union or disability.
- The provider had recently recruited a designated recruitment business partner to join their Human Resource Team. Oversight of recruitment was held at the provider head office. Staff recruitment records were held electronically. All of the information was available on the staff records we reviewed with the exception of a documented full employment history for one staff member. The provider told us they would address this going forward in addition to ensuring all references obtained to evidence satisfactory conduct in previous employment were dated.
- The provider understood they had a duty to undertake Disclosure and Barring Service (DBS) checks for potential employees whose posts involved responsibility for children and or other vulnerable groups. (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 had been undertaken at the appropriate level on the staff records we sampled with the exception of one non-clinical member of staff. Although a signed self-declaration was available confirming they had not had any current criminal convictions, a risk assessment had not been undertaken. The provider agreed to undertake a risk assessment of all staff roles and review their responsibilities

Are services safe?

and activities to determine if staff were eligible for a DBS check and at what level. Eligible staff were required to undertake a new DBS check every 3 years or sooner if required. A poster was displayed outside the clinician's room advising athletes that a chaperone was available. Staff who acted as chaperones were trained for the role and had received a DBS check.

- The provider had a policy in place for essential training which stated that mandatory training was a key part of providing staff with the confidence to understand their role and responsibilities and have the skills to do so. All new staff were required to complete a range of core essential training within the first 6 weeks of employment and at specified intervals. All completed training was held on an electronic colour coded dashboard. Monthly monitoring of staff compliance with training was the accountability of the operational manager with spot checks undertaken by the operations director. Core training included cyber security, general data protection regulation (GDPR), equality and diversity, safeguarding, health and safety and fire safety. Timescales for completion were detailed in the policy, in addition to repeated timescales. Role specific training requirements were determined and managed on a role by role basis and based on a risk management approach. Clinicians were required to complete Pre-hospital Immediate Care in Sport (PHICS) level 3 training and duty managers first aid training. However, non-clinicians had not completed training in infection, prevention and control and although clinicians demonstrated an understanding of the mental capacity act (MCA) they had not completed training. In addition, staff had not completed training in learning disability and autism which from 1 July 2022 was a requirement for all providers registered with CQC to ensure that their staff received training in how to interact appropriately with people who have a learning disability and autistic people, at a level appropriate to their role. Following our inspection, the operations manager met with the EIS Head of Learning and Development to discuss and review these staff training requirements.
- There was a system in place to manage infection prevention and control (IPC) and for safely managing healthcare waste. The provider had an IPC policy in place and a designated IPC clinical lead. The premises were leased from a landlord who employed their own cleaners however, they had not completed IPC training. Only clinical staff in addition to the operation leaders had completed training. Following the inspection, the provider told us they would roll out IPC training to all staff. They also sent us confirmation from the landlord that all cleaning staff allocated to EIS spaces would be assigned infection control training and this would be to be completed as soon as possible.
- A recent IPC audit had been carried out by the provider with no concerns identified. The provider agreed to include a documented summary of any actions identified, staff responsible and dates when identified actions had been completed. Areas observed during our site visit were visibly clean and hygienic. We saw cleaning schedules were maintained by the landlord and handwashing technique posters were clearly displayed.
- The provider jointly worked with the landlord and ensured that facilities were safe. A service level agreement was in place. Checks including legionella, fire safety, emergency lighting were carried out at regular intervals by the landlord and assurances that these checks had been undertaken had been obtained by the provider. Electrical equipment was checked to ensure that it was safe to use. Equipment was maintained according to manufacturers' instructions and checks were undertaken and recorded.
- A health and safety (H&S) audit had been carried out in January 2023. Areas audited included safety, the business contingency plan, risk assessments, H&S, fire safety, legionella, first aid and portable appliance testing.
- An environmental risk assessment for all areas used by EIS had been undertaken in July 2022, which considered the profile of athletes using the service and the staff employed. Spot checks were also regularly undertaken by operational leaders and outcomes documented.

Risks to athletes

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

- There were arrangements for planning and monitoring the number and mix of staff needed. We were told locum, agency or bank staff were not used. In the absence of the Senior Sports Physician who was the sole consultant, the

Are services safe?

provider told us athletes were able to access physicians remotely or in person at their 5 other sites. Athletes had access to a range of other personnel including physiotherapists, a health co-ordinator, coaches, performance lifestyle practitioners, psychologists, an analyst and a nutritionist. During out of hours, athletes were directed to their own GP or NHS 111 for advice.

- There was an induction system in place for new staff. New staff were subject to a 3 and 6 month probation followed by an annual appraisal. Staff leaving employment received an exit interview and were asked to provide feedback on their induction process and how this could be improved.
- Staff we spoke with understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All but one of the clinicians had received PHICS level 3 training and duty managers received first aid training. A date had been arranged for the outstanding clinician to complete their PHICS training. Clinicians told us they were planning to carry out a scenario to test out staff knowledge of actions in the event of a medical emergency.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Staff we spoke with knew how to access medicines in the event of a medical emergency.
- A comprehensive medical emergency action plan (MEAP) had been developed. This detailed the MEAP lead, staff trained to deal with emergencies and their contact details, site ambulance access points, first aid equipment and facilities held and their location. In addition to a range of hospitals and journey times and the chain of command and follow up procedures.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place where required.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept athletes safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the athletes own GP.
- 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.
- Appropriate and timely referrals were made in line with protocols and up to date evidence-based guidance.
- Multi-disciplinary team meetings were held to discuss most athletes. Meetings included the physiotherapist, psychologist and nutritionist. Clinicians told us they were mindful of only sharing relevant information.

Safe and appropriate use of medicines

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

- Staff had access to a medicines management policy which had recently been reviewed.
- The systems and arrangements for managing medicines, including emergency medicines and equipment minimised risks. A risk assessment had been carried out to determine which medicines and equipment were held in the event of a medical emergency.
- The service kept private prescription stationery securely and monitored its use.
- When attending fixtures, training or competitions a travel stock sheet of medicines taken off site and returned was maintained. Regular stock checks were undertaken.
- The service did not prescribe or store controlled drugs.

Are services safe?

- The clinician prescribed, administered or supplied medicines to athletes and gave advice on medicines in line with legal requirements and current national guidance. Only acute courses of treatment were prescribed with no repeat medicines. Processes were in place for checking medicines and accurate records of medicines were held. Antimicrobials were prescribed for respiratory issues in athletes.
- A medicines audit had been carried out in October 2022 to ensure medicines were being used correctly and that safe and sound processes were in place for all medicines prescribed. The audit detailed the variety of medicines prescribed and found these were clinically appropriate for their use and medicines used were being appropriately replenished. Records for 13 athletes who had been prescribed medicines in October 2022 were also reviewed. The audit found the dose and frequency for each medicine was appropriately specified and medicines were not prescribed to athletes who were allergic to them. The safe prescribing aspect of the audit found most medicines were prescribed safely, meeting all the different safety parameters. However, there were instances of medicines being prescribed without an indication. The audit stated that it was good clinical practice to state an indication for a prescription as detailed in the EIS medicines management policy. This justified what the intended benefit of the prescription was and was useful for colleagues who were involved with the care of that athlete. The audit detailed the learning. Five recommendations were identified including undertaking a repeat audit in 6 months to assess whether there had been a change to practice.
- Sharps disposal was managed safely with an appropriate contract in place for their collection.

Track record on safety and incidents

The service had a good safety record.

- A range of risk assessments were available in relation to safety issues. These included a premises risk assessment for areas used by the provider across the site. The provider had obtained copies of fire and legionella risk assessments from the landlord. However, assurances needed to be obtained from the landlord that the recommendations made had been actioned and completed. Leaders told us they would action this.
- 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 were systems in place for reviewing and investigating when things went wrong. There was a system for recording and acting on events. Untoward incident reporting (UIR) forms were available on the shared drive. Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Leaders and staff we spoke with were able to share an example of the 1 event that had occurred in the previous 12 months, the action taken and the learning to improve safety in the service. Events were discussed nationally at doctors' meetings held to share learning and improve outcomes.
- Clinicians we spoke with were aware of and complied with the requirements of the Duty of Candour and told us if an athlete was affected by an incident a personal meeting was held with the athlete and explanations provided. Staff we spoke with told us leaders encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on safety alerts and had a system in place to disseminate alerts to all relevant members of the team.

Are services effective?

We rated effective as Good because:

Staff were appropriately qualified and supported in their work. Care and treatment was delivered in line with current legislation. Information was used to drive quality improvement.

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.

- Athletes' immediate and ongoing needs were assessed and care and treatment was delivered in line with relevant and current evidence-based guidance and standards, including the faculty of sports and exercise medicine pathways when applicable. New guidance was cascaded centrally to all clinicians.
- Where appropriate assessment included their clinical needs and their mental and physical wellbeing.
- The senior sports physician had enough information to make or confirm a diagnosis and worked alongside multi-disciplinary teams, including physiotherapists, nutritionists and psychologists to agree on care and treatment plans for each individual.
- Where identified athletes were referred on for private care as appropriate.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed athletes' pain where appropriate.

Monitoring care and treatment

The service was actively 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. Three major clinical audits had been carried out in the previous 12 months and had a positive impact on quality of care and outcomes for athletes. These included audits on joint protect/ risk assessment injections, achilles tendon and shoulder injury management. Clinicians were able to share the learning outcomes with us. There was clear evidence of action to resolve concerns and improve quality and learning was shared nationally across EIS sites.
- There was evidence of participation in external peer review for improvement. For example, working with specialist dermatology clinicians for skin tear injuries.
- The service monitored its performance against outcomes. Their objective was no athlete should miss a game's event due to injury. Clinicians we spoke with shared the same mantra: the person first, athlete second and performance third.

Effective staffing

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

- Staff were appropriately qualified. The provider had an induction programme for all newly appointed staff and staff were required to complete all essential training within 6 weeks of commencing employment.
- Relevant professionals were registered with the appropriate governing body for example, the senior sports physician was registered with the General Medical Council (GMC) and physiotherapists with the Health and Professions Council (HCPC).

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. An electronic record of all essential training undertaken by staff was maintained. A traffic light rating system was used to help identify staff that had completed the essential training modules, in addition to training modules due to expire and those that had expired. This training record was overseen by the operations manager each month and spot checked by the operations director. Staff were encouraged and given opportunities to develop.
- Staff we spoke with told us annual personal development plans were undertaken and there was opportunity to provide 360-degree feedback.

Coordinating athlete care and information sharing

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

- Athletes received coordinated and athlete-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, the physician ensured they had adequate knowledge of the athletes' health, any relevant test results and their medicines history. Athletes were signposted to more suitable sources of treatment where required to ensure safe care and treatment.
- Athletes were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Athlete records we reviewed were clearly detailed and any episode of care completed were shared with the relevant GP.
- Athlete information was shared appropriately to plan and deliver care and treatment 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 athletes to live healthier lives

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

- Where appropriate, staff gave athletes advice so they could self-care. The provider website provided information about mental health and eating disorders awareness week. It also provided information about the world digestive health day held on 29 May 2022, where the performance nutritionist drew on their experience of working with British Gymnastics and GB Snowsport to address a number of myths around digestive health and its impact on high performance athletes. The website also provided a nutrition hub with a large range of healthy recipes for athletes to access.
- One of EIS aims was to provide a holistic management approach. Clinicians we spoke with shared an example of how they had signposted one athlete to an external agency for support.
- Risk factors were identified, highlighted to athletes and where appropriate highlighted to their normal care provider for additional support.
- Where athletes' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff had access to a detailed policy on obtaining consent which stated that this must be obtained from an athlete of any level before starting any treatment, test, physical investigation, or athletic performance intervention provided by any member of the English Institute of Sport (EIS) Medical and Scientific Support staff. In situations where an athlete had impaired mental capacity, the EIS medical and scientific support staff must act in the best interests of the athlete. Athletes were asked to accept a medical consent form online which explained the limited circumstances where EIS shared their medical records.

Are services effective?

- Clinicians we spoke with demonstrated an understanding of the requirements of legislation and guidance when considering consent and decision making. Consent forms were completed or otherwise documented in athletes' records where appropriate. However, they had not received training on the Mental Capacity Act. Leaders told us they would review this.
- Staff supported athletes to make decisions. Where appropriate, they assessed and recorded an athletes' mental capacity to make a decision. The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Athletes were treated with respect and staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated athletes with kindness, respect and compassion.

- The governing body sought feedback on the quality of clinical care athletes received. Leaders had identified the need to formalise systems to gain athlete feedback as an area for improvement to help improve services.
- Feedback we received from athletes was positive about the way staff treated them.
- Staff understood athletes' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all athletes.
- The service gave athletes timely support and information.
- Athletes were respected as individuals. The provider website stated 'Each EIS individual is part of a unique network, through which we share knowledge, experience and learning, creating and protecting performance advantage'.
- Clinical staff had a clear mantra of placing the person first, patient athlete second and performer third.

Involvement in decisions about care and treatment

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

- Feedback we gained from athletes indicated they felt listened to and supported by staff and enabled to make an informed decision about the choice of treatment available to them.
- Staff communicated with athletes in a way that they could understand.
- Information was available on the provider website to help athletes understand the service and range of treatments available.

Privacy and Dignity

The service respected athletes' privacy and dignity.

- Staff recognised the importance of athlete's dignity and respect and were able to provide us with examples of how they promoted this in their work.
- Consultations were conducted behind closed doors away to ensure conversations could not be overheard.
- Privacy curtains were available in treatment areas to promote athlete's privacy and dignity.
- Staff knew that if athletes wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet athletes' needs within an appropriate setting. The service had systems in place to support athletes with making a complaint to help improve the manner in which care and treatment was provided.

Responding to and meeting people's needs

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

- The provider understood the needs of their athletes and improved services in response to those needs.
- The provider offered services for both children aged 10 and above and adults.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that athletes in vulnerable circumstances could access and use services on an equal basis to others. All areas used were accessible to all athletes using the service including those competing in Para-Olympic sport. Leaders told us all athletes were treated as equal regardless of any disability.

Timely access to the service

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

- Athletes had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Athletes with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way.
- The site opening times were Monday to Friday from 9am to 5pm and closed at weekends and bank holidays. Multi-sport clinics were held on a Tuesday between 10am and 2pm and on a Friday between 10am and 5pm. The provider told us athletes were able to access services across all of their 6 sites. During out of hours athletes were directed to their usual GP or the NHS 111 service.

Listening and learning from concerns and complaints

The service had a procedure in place to respond to any complaints appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available however, no complaints had been raised in the previous 12 months.
- The service had complaint policy and procedures in place. Staff spoken with were aware of how to support an athlete with making a complaint and any further action that may be available to them should they not be satisfied with the response to their complaint to improve the quality of care.
- A comment box was made available in a communal area for athletes to provide any feedback about their care and treatment. No comments had been received.

Are services well-led?

We rated well-led as Good because:

The service had a clear leadership and management structure in place and staff felt valued and supported in their work. The culture of the service and the way it was governed drove the delivery and improvement of good quality, athlete-centred care.

Leadership capacity and capability;

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

- There was a registered manager in place in addition to local level leadership.
- The provider was governed by a Board of Directors, made up of 6 non-executive members, 2 EIS executive members and 1 UK Sport (UKS) executive member which was responsible for the oversight of the organisation.
- Operational leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. These included ensuring consistency across all of the 6 EIS sites, staff retention, constraints with part-time roles, and the need to explore alternative options for seeking direct feedback from athletes to help improve services.
- Staff told us leaders at all levels were visible and approachable and that they worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership 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 athletes.

- Information about vision and strategy was detailed on the provider website which included having a clear and joined up approach to planning and aspirations for the future. Five organisational objectives had been developed. These were: people, environment, health, performance and governance. These objectives were underpinned by a strong culture and philosophy which was people at the heart of extraordinary performance.
- There was a clear vision and set of values that underpinned all of the provider's work. These were: Care, Collaborate, Innovate and Excel. The provider said they were committed to bringing together the science and the art of the performance to deliver truly outstanding support to the sports and athletes. A video about the strategy had been developed and was available on the provider website.
- 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.
- 100% of respondents who had completed a staff survey in 2021 considered EIS staff and colleagues at EIS - Lilleshall lived and reflected the organisational values on a day-to-day basis.

Culture

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

- Staff we spoke with told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of athletes.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The providers philosophy was 'People at the heart of extraordinary performance'.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents. 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 needed. This included appraisal and career development conversations. Staff received an annual appraisal which included a personal development plan. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They 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 were required to complete equality and diversity training within 6 weeks of employment. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff we spoke with spoke very highly of the operations manager and the support they provided.

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 athlete-centred care.
- The provider had recently appointed a director of clinical governance, which was a newly formed role within the organisation as a result of the EIS proactively commissioning a strategic review of its medical services in 2022. The role was to provide professional leadership on clinical governance, organisational standards, and the high-performance system professional code.
- Staff we spoke with were clear on their roles and accountabilities. Leaders told us they led by example and promoted an open, trustworthy, safe and supportive environment where they were visible to both staff and athletes.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Minutes of board meetings held were available on the provider website in addition to a set of policies and procedures. A range of other meetings were held to discuss performance, operations and health and safety.
- 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 athlete identifiable data, records and data management systems.

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 athlete safety. The operational manager worked in partnership with the landlord and told us regular meetings were held with the landlord to review any identified risks, including safety risks. A health and safety risk assessment had been developed.

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 athletes. 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 athletes.
- 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

Engagement with athletes, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the athletes, staff and external partners and acted on them to shape services and culture. Leaders told us annual surveys were carried out by the sport's governing bodies to gain feedback from athletes. Feedback gained from thank you cards were also shared with us. Leaders acknowledged the need to seek additional methods to gain feedback about athlete experiences nationally across all EIS 6 sites.
- In preparation for the inspection leaders had shared a link for athletes to share their feedback on care with us via our website. We received feedback from 4 athletes who were very complimentary about the service they received. One athlete told us they were so grateful to have the support of this incredible team! Another athlete told us the team had been life saving for their career.
- The service was transparent, collaborative and open with stakeholders about performance.
- We saw evidence of feedback opportunities for staff. This included a staff survey for all EIS sites. Leaders told us to ensure greater anonymity and to encourage more open and honest results from staff, options to select a specific EIS site was removed from the 2022 survey undertaken. However, the 2021 staff survey analysis for EIS – Lilleshall showed:-
- 89% of respondents felt they had the support needed to provide a great service. - 89% of respondents said they had confidence that concerns raised would be received and acted upon appropriately. - 100% of respondents considered their job was good for their personal growth with 89% considered EIS was good for their professional development. - 100% of respondents considered they felt supportive by their line manager with 89% of respondents stating they felt proud to work for EIS.
- Staff told us the outcomes of staff surveys were shared with them.

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. Staff we spoke with told us they were encouraged and supported to develop their skills if they wished to.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.

Are services well-led?

- 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.