

English Institute of Sport - Bath

Inspection report

University of Bath
Claverton Down
Bath
BA2 7AY
Tel: 08707590592
www.eis2win.co.uk

Date of inspection visit: 18 May 2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Requires Improvement 

Are services safe?

Requires Improvement 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires Improvement 

Overall summary

This service is rated as Requires improvement overall.

The service was registered with the Care Quality Commission (CQC) on 20 December 2011 and this is the first rated inspection since registration. The service was inspected but not rated on 25 June 2012.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at English Institute of Sport – Bath as part of our planned inspection programme.

The English Institute of Sport – Bath is part of a wider organisation, The English Institute of Sport Limited, which provides Sports Medicine and Science disciplines to elite athletes who receive funding from UK Sport. The doctors provide routine consultations to do with both sports' injury and illness to the athletes.

This service is registered with the CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The services provided at this location which are not in scope include: physiotherapy and psychological therapies such as counselling.

The location at the time of inspection did not have a registered manager in place. The provider had submitted an application for a new registered manager which was awaiting approval by us. 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 regarding how the service is run.

Our key findings were:

- English Institute of Sport – Bath is a government funded organisation that provides services that have been purchased by National Governing Bodies for named athletes who are subsequently privately insured.
- The service had developed materials for service users which explained medical procedures and clearly outlined the recovery process.
- There were systems, processes in place to safeguard athletes from abuse.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of athletes and staff members.
- Information about care and treatment was comprehensive and accessible.
- The premises were safe and suited to the provision of care.

Overall summary

- Athletes were informed of their choices and risks and benefits associated to particular treatments prior to appointments. Consent was sought prior to interventions.
- The provider had a clear vision and strategy and culture that put athletes care at the priority of its values.
- Staff received training in a broad range of subjects related to the provision of care. However, infection prevention and control was not provided.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC Lead Inspector. The team included a CQC Team Inspector and a GP Specialist Advisor.

Background to English Institute of Sport - Bath

English Institute of Sport (EIS) is located at:

University of Bath

Claverton Down

Bath

BA2 7AY

The building is a purpose-built facility for elite athletes and university students. EIS occupies space on the first floor, which is fully accessible and comprises of clinical rooms, physiotherapy and rehabilitation suites, athletes waiting area and office space. The landlord is the University of Bath and they hold responsibility for the cleaning and maintenance of the premises.

The service employed three specialist Sport and Exercise Medicine (SEM) doctors, registered with the General Medical Council (GMC) to provide routine sports medicine consultations for both injury and illness to elite athletes. Athletes are provided with the services under their various nominated sports and athletics national governing bodies.

Website: www.eis2win.co.uk

Medical services are available from 10 am to 5 pm every Monday, Wednesday and Friday.

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the visit.

We also reviewed information held by CQC on our internal systems.

We conducted remote interviews of key members of staff at the location.

During the inspection, we spoke with the provider and reviewed documentation and records including clinical records.

We made observations of the premises, facilities and the service provided.

The provider described people using the service as “athletes”, so from here on, this is how they will be referred to in the report.

To get to the heart of athletes’ 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 Requires improvement because:

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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were communicated to staff including locums. They outlined who to go to for further guidance. However, we saw evidence of policies that required reviewing and were out of date. Some of them have not been reviewed as outlined in their own policies and out of date from July 2020 and April 2021.
- Staff received safety information, for example about fire safety, as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority, this was reviewed at the time of athlete registration. No treatment was provided to athletes under the age of 16.
- The service worked with other agencies to support people and protect them from neglect and abuse, for example, Sport England. The staff took steps to protect patients from discrimination and breaches of dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The system to manage Infection Prevention and Control (IPC) was not always effective. The provider had an IPC policy in place with evidence of an IPC checklist procedure completed in August 2020 determining how risks were managed and guidance for staff to follow. There was a lack of revision completed to evidence a more up-to-date IPC checklist. There were no audits completed in relation to infection prevention and control, demonstrating a lack of oversight and management at the location. Daily cleaning checklists of rooms and equipment were completed and the premises were visibly clean and tidy.
- We observed that appropriate measures were in place to address the risk of COVID-19, there was a documented policy in place, reviewed in March 2022. There was guidance available for staff to follow in relation to travel, testing, immunisation and COVID-19 related absence. Measures were in place to ensure compliance and support was available for flexible working where required.
- The clinical rooms used had access to handwashing facilities, hand sanitising gel and paper towels. We saw masks were always worn inside the building to reduce the risk of infection from COVID-19.
- The landlord of the premises was responsible for management of legionella risk at the premises. Legionella is the bacterium which causes legionnaires' disease, severe pneumonia that causes lung inflammation, infection and flourishing in air conditioning and central heating systems. We reviewed information which showed an up-to-date legionella certificate and risk assessment.
- Oversight of cleaning arrangements was carried out by the premises' landlord and we saw evidence of the cleaning schedules completed.

Are services safe?

- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and this was provided for under the lease agreement with the landlord.
- The provider carried out appropriate environmental risk assessment, which took into account the profile of people using the service and those who may be accompanying them.

Risks to athletes

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

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

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to athletes , but oversight of systems were not always in place.

- 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 a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- There was a lack of oversight and ineffective systems for acting on safety alerts, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). There was a process in place to disseminate alerts to relevant members of the team but there was a lack of completed audit log of athlete and medicine stock searches relevant to each alert. Clinicians we spoke with were aware of safety alerts but there was a lack of systems and processes to ensure these were managed appropriately at organisational level.

- **Safe and appropriate use of medicines**

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment were appropriate and fully embedded. We reviewed five consultation records and found that medicines prescribed were recorded effectively.
- Processes were in place for checking medicines and accurate records were kept. The provider told us that there were plans in place to risk assess the medicine stocked to reduce wastage and increase the uptake of private prescription scripts.

Are services safe?

- Staff had the appropriate authorisations in place to administer medicines, including Patient Group Directions or Patient Specific Directions (PGD/PSD). PDG and PSD provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).
- The service had the capacity to conduct medicines audits through their electronic medical records system to ensure prescribing was in line with best practice guidelines for safe prescribing, however, this was not completed by the provider. There was a lack of oversight in the monitoring of performance and safety of medicines. The provider held informal clinical supervision through bi-weekly meetings which discussed medicine prescribing safety, these were not minuted or recorded.

Track record on safety and incidents

The service had a good safety record.

- The service conducted risk assessments in relation to safety issues. There was evidence of out of date reviews for risk assessments relating to first aid equipment (January 2020); disposal of biological waste (January 2021) and manual handling (January 2021).
- The service monitored and reviewed risk management activity. This helped it to understand the impact on service users and performance and gave a clear, accurate and current picture that led to safety improvements.
- The provider discussed good clinical practice informally, which involved, complex cases, upcoming sessions and safety alert summaries, these were not minuted or recorded.

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, these were called “untoward incidents” by the provider. Staff understood their duty to raise concerns and report incidents and near misses.
- There was a system for reviewing and investigating when things went wrong, however there were no untoward incidents recorded at EIS Bath in the last 12 months. Post inspection the provider submitted evidence that untoward incident information was shared with the Director of Medicine (a national role) which was reported on annual basis. Incidents raised by other EIS locations were also included within this report as part of a wider organisational approach. Learning events from across all EIS locations were not always discussed with meeting minutes documented to evidence that staff were aware and of how improvements could be made.
- The provider was aware of the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

We rated effective as Requires improvement because:

- The service did not use information about care and treatment effectively to make improvements.

However, there was evidence of good practice to support the provision of effective services provided:

- Staff had the skills, knowledge and experience to carry out their roles and had protected time for learning and development.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- Athletes' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Doctors would routinely assess and treat acute and chronic musculoskeletal conditions and illnesses (injuries and disorders that affect human's body movement or musculoskeletal system, for example muscles, tendons, blood vessels, discs). Doctors had additional training to allow them to use diagnostic ultrasound scanners (machines that use high-frequency sound waves to create an image of part of the inside of the body) as part of the clinical assessment of soft tissue injury, such as sprains, strains and contusions.
- Clinicians had enough information to make or confirm a diagnosis and were able to directly arrange investigations from third parties, including, radiology, pathology and biomechanical analysis. The clinicians worked with multi-disciplinary teams, which included nutritionists for advice on diet, physiotherapists for advice on moving correctly to avoid injury, psychologists to assist with developing positive mental health and sport coaches to agree on care and treatment plans.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- Systems to monitor care and treatment did not effectively drive improvement in service provision. The service started to assess care and treatment through the development and usage of a qualitative medical records audit in March 2019 across all EIS locations. Findings of the first cycle results identified a sample of 20 medical records with both injury and illness issues in EIS athletes that covered the effectiveness and scoring of history, examination, diagnosis and management of recorded consultations. No further cycles were conducted to review the impact on quality of care and outcomes for athletes. Audit results were not broken down and disseminated to each EIS location for individual learning. Further improvements to this audit were highlighted, including, the insufficient clarity of oversight of actions and results; the need to increase the sample size and to include a further two audit cycles so that results can be interpreted with improved reliability. There was no plan in place to repeat the audit at the time of inspection.
- We reviewed the process for athlete referrals to external healthcare providers and identified three letters for radiological diagnosis interventions. There were documented arrangements in place to facilitate the sharing of coordinated treatment plans. There was a lack of oversight of monitoring the quality of athlete referrals as part of improvement activity, causing a risk to the effectiveness of care and treatment received by athletes.

Are services effective?

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff for EIS Bath.
- All doctors were registered with the General Medical Council (GMC) and were up to date with revalidation. They were listed on the specialist register of sports and exercise medicine. All physiotherapists were registered with the Chartered Society of Physiotherapy.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff received regular appraisals, coaching and mentoring.

Coordinating patient care and information sharing

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

- Athletes received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate, including GPs, National Governing Bodies (NGBs) and third-party healthcare services.
- Before providing treatment, doctors at the service ensured they had knowledge of the patient's health, any relevant test results and their past medical history. We saw examples of athletes being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All athletes were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma. Where athletes agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Athlete information was shared appropriately (this included when athletes moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately, as per the service consent policy. Athletes' consent for medical records storage and sharing were obtained at the time of registration, in line with General Data Protection Regulations (GDPR). Medical consent for treatment was gathered at the time of consultation.

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.

Are services effective?

- Risk factors were identified, highlighted to athletes and where appropriate shared with their usual care provider for additional support. For example, following a medical treatment, if athletes were concerned or experiencing any discomfort, pain or swelling, they were provided with the clinician's contact details as well as the NHS out-of-hours information.
- Where 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 understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported athletes to make decisions. Where appropriate, they assessed and recorded an athlete's mental capacity to make a decision.

Are services caring?

We rated responsive as Good because:

- Athletes had access to care that was responsive to their needs and could were encouraged to feedback on service provision.

Responding to and meeting athletes' needs

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

- The provider understood the needs of athletes and improved services in response to those needs, for example, the service provided care for para-Olympic athletes. The premises were accessible to all individuals, in compliance with Disability Discrimination Act 1995 (DDA).
- The facilities and premises were appropriate for the services delivered and when needed reasonable adjustments could be made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- The provider worked with UK Sport to identify the improvement required for athlete mental health support. Training plans are in place to increase the amount of Mental Health Champions within UK Sport affiliated providers including EIS as part of the Walk The Floor Survey program.

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.
- The service was open three days a week: on Mondays, Wednesdays and Fridays. For out-of-hours care, the athletes were given clinicians' contact details and also encouraged to use NHS out-of-hours service.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available to all athletes through submitting an internal feedback form at the location and contacting the provider through the confidential EIS athlete email address or via the EIS website. The staff treated athletes who made complaints compassionately.
- The service informed athletes 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 to respond in a timely way. Staff knew how to raise concerns and escalate complaints appropriately. Shared learning from complaints took place at wider organisational staff meetings with other EIS locations. There were no complaints about the service provided in the last 12 months.

Are services responsive to people's needs?

We rated responsive as Good because:

- Athletes had access to care that was responsive to their needs and could were encouraged to feedback on service provision.

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Are services well-led?

We rated well-led as Requires improvement because:

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

Leadership capacity and capability;

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

- There was no Registered Manager in place at the time of the inspection, which is a requirement when registering with CQC. However the provider was in the process of registering a new manager with CQC, but at the time of inspection this process was incomplete.
- EIS Bath is one of six registered locations under the provider English Institute of Sport. The Registered Manager in the manager across all locations, however, there is also local level leadership to oversee day to day running of EIS Bath, including the operational manager and clinical lead.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service had not always monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of athletes.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There was a system in place to respond to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

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

Governance arrangements

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

- Structures, processes and systems to support good governance and management were set out, however these were not always effective, as they were either not embedded fully or there was no structure to monitor them regularly.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had not established policies, procedures and activities to ensure safety. Where policies existed, there was a lack of assurance that they were operating as intended.
- We found examples of where there was a reliance on clinicians' knowledge from other employment rather than formal governance oversight, such as with patient safety alerts.
- The service used performance information, which was reported and monitored, and management and staff were held to account, however clinicians did not have formal supervision.
- The service submitted 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.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the safety risk assessment was in place, however there was evidence that this had not been reviewed.
- The service had a performance management policy in place to monitor and give guidance to staff for setting objectives and standards within probationary reviews and performance development reviews. There was a set organisational structure and feedback was obtained from peers during this process. There was informal support for clinicians provided by the regional clinical lead, however there was no recorded clinical supervision in place to evidence discussions took place.
- There were lack of processes and systems in place from the provider to manage actions against patient safety alerts. There was evidence of cascaded alert information to ensure staff were aware of the most recent guidance to ensure patient safety. There was reliance on clinicians understanding from knowledge obtained by other employment.
- There was no clear evidence of action to change services or improve quality. Some clinical audits were put in place, however outcomes for patients were unclear, as the audits were not fully completed, or actions were not embedded.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Are services well-led?

The service acted on appropriate and accurate information.

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

Engagement with athletes, the public, staff and external partners

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

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

Continuous improvement and innovation

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

- There was a culture of continuous learning and improvement, and the stated values, including Mission 2025 (EIS statement prioritising delivering outstanding support that enables sports and athletes to excel) supported it. However, there was a lack of systems and processes we could not be assured this was effective.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>Assessments of the risk to the health and safety of athletes receiving care and treatment were not being carried out, in particular:</p> <ul style="list-style-type: none">• There was a lack of updated Infection Prevention and Control (IPC) checklists completed and the provider did not undertake regular IPC audits.• There was a lack of oversight and ineffective systems for acting on safety alerts. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes to ensure the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, in particular:</p> <ul style="list-style-type: none">• The process for monitoring medicines and safe prescribing within the service required reviewing.

This section is primarily information for the provider

Requirement notices

- There was lack of oversight at the location for staff to receive relevant support, training and professional development necessary to enable them to carry out the duties they are employed to perform.
- Athletes outcomes were not evaluated as part of quality improvement processes and assurances were not given to ensure care and treatment in accordance with evidence-based guidelines.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.