

Ultra Sports Clinic

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

CQC inspected the service on 24 September 2018. In line with CQC policy at the time, the service was not rated as a result of that inspection. We asked the provider to make improvements with regards to responding to emergencies, staff training and staff pre-employment checks. We also said the provider should review quality improvement activity and gathering feedback from people who use the service. We checked these areas as part of this comprehensive inspection on 31 October 2019 and found the regulations were now being met in respect of those matters.

At the inspection of 24 September 2018, we said the provider should continue with plans to review and improve quality monitoring and improvement activity and undertake formal patient feedback measures. At this inspection we still found limited quality monitoring due to the low number of patients seen. However, we found a patient survey was being undertaken, although the results were yet to be collated and reviewed.

Ultra Sports Clinic is a multidisciplinary Sports Injury Clinic which provides a range of services including physiotherapy, chiropractic, sports massage, strength and conditioning and radiology (ultrasound),

Feedback we received from patients who have used the service was positive. We received 57 completed comment

cards. All were positive about the care and treatment they had received. We did not speak to any patients as none who had used the regulated part of the service were available at the time of the inspection.

Our key findings were :

- There was a system in place for acting on significant events.
- Risks associated with the premises and the delivery of care and treatment were well managed.
- There were arrangements in place to protect children and vulnerable adults from abuse. However we have said, whilst the risk was low as very few children attended the service and the regulated part of the service did not see children, the provider should review the level of child safeguarding training for the consultant radiologist.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were compassionate, the care provided of a high standard and that it was easy to access appointments.
- The service had a system to receive and respond to complaints.
- There was a clear vision and strategy and staff spoke of an open and supportive culture. There was effective governance to ensure risks were addressed and patients were kept safe.

Whilst we did not find any breaches of the regulations, we have told the provider they should:

- Review the level of child safeguarding training for the consultant radiologist.
- Continue to review and improve quality monitoring and improvement activity in respect of the regulated activity.

Our inspection team

Our inspection team consisted of a CQC lead inspector and a GP specialist adviser and a practice manager specialist adviser.

Background to Ultra Sports Clinic

Ultra Sports Clinic is a multidisciplinary sports injury clinic which offers a comprehensive scanning, treatment and therapy service for children and adults. 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. The service provides ultrasound scans and steroid injections which are regulated activities, delivered by a consultant radiologist who is substantively employed by the NHS. The radiologist is contracted by the provider to deliver this service.

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. Ultra Sports Clinic provides a range of non-surgical therapeutic and complementary medicine treatments, including physiotherapy, chiropractic, sports therapy and biokinesis which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Services are provided on a fee-paying basis only. No NHS funded treatment is available. More information can be found at: www.ultrasportsclinic.com

The service is located at 72 King William St, London EC4N 7HR. This is in central London and therefore access by car is challenging, however the service is well served by public transport. The service is situated on the basement level of an office building and is accessible by lift and stairs. The building also houses other businesses which are not connected with this service. The service leases five rooms on the floor which are used for physiotherapy, chiropractic and sports massage. These include a dedicated medical room which is used by the consultant radiologist to see and treat patients and a gym. There is also a reception area and bathroom facilities. The building is managed on a day to day basis by a management company.

The service's opening hours are Monday to Friday 7.30am to 8pm. The service is closed on weekends.

The service is owned and operated by the lead physiotherapist who is also 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.

Support tasks are undertaken by a service manager and three administrative staff.

The service is registered with CQC to provide the following regulated activities: Treatment of disease, disorder or injury, Doctors consultation services, Diagnostic and/or screening procedures.

How we inspected this service

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers and to follow up on regulatory breaches found during a previous inspection. Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist adviser and a practice manager specialist adviser. The inspection was carried out on 31 October 2019. During the visit we:

- Spoke with the service owner and lead physiotherapist, consultant radiologist, another physiotherapist and the service manager.
- We did not speak with any patients as none were available on the day for the registered activity part of the service.
- Reviewed a sample of patient care and treatment records.

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:

At the inspection of 24 September 2018, we asked the provider to make improvements with regards to responding to emergencies, staff training and pre-employment checks. At this inspection we found the improvements had been made, however the clinician carrying on the regulated activity had only undertaken Level 2 competency in child safeguarding. We have said the provider should review this.

There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment to patients and had reliable systems for appropriate and safe handling of medicines. The service had a good safety record and learned and made improvements when things went wrong.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service on an ongoing basis. The service had systems to safeguard children and vulnerable adults from abuse.
- Due to the nature of the service the provider told us they were unlikely to see clients who were in vulnerable situations. There were suitable safeguarding policies in place which included contact details for reporting any concerns. All staff had undergone safeguarding training to the appropriate level, apart from the consultant radiologist who had completed Level 2 child protection training. The competency framework set out in the intercollegiate guidance identifies levels of competency for various staff groups. It states clinical staff should be trained to Level 3. We were told the consultant radiologist was only required to achieve level 2 for his substantive role within the NHS and he did not treat children at the service, although children could be present on the premises for other reasons. Intercollegiate guidance was published by the Royal College of Nursing in 2019.
- Staff knew how to identify and report concerns.
- At the previous inspection of 24 September 2018 we found gaps in staff recruitment checks. At this

inspection we found the provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. The service's policy was to carry out Disclosure and Barring Service (DBS) checks on all its staff. (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).

- Staff who acted as chaperones were trained for the role and had received a DBS check. A notice was on display informing patients about the availability of this service.
- There was an effective system to manage infection prevention and control. Appropriate policies were in place. Daily cleaning tasks were undertaken by a contracted company. There was a cleaning schedule in place which detailed the areas/items to be cleaned and the frequency. All rooms had sinks, hand gel, liquid soap and paper towels. Handwashing instructions were placed next to all sinks. Supplies of protective equipment such as gloves were available as well as disposable single use equipment. Sharps bins were managed and stored appropriately. The service had a sharps policy in place. The premises were painted internally on annual basis. Spillage kits were available and staff knew how to use them. Infection control audits were carried out regularly.
- 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. Sharps were collected by a specialist company.
- The provider carried out appropriate environmental risk assessments, including those relating to fire and equipment safety (ultrasound machine). The fire extinguishers and fire alarm were regularly tested and serviced. This was arranged by the company which managed the whole building.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The service had one clinician carrying out the regulated activity, doing one session per week. We were told this was sufficient as, on average, two to three patients were seen per session.

Are services safe?

- The service did not use any agency/locum staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had undergone basic life support training and knew how to use the defibrillator. The consultant carrying out the regulated activity had undergone relevant training and knew how to identify and manage patients with severe infections, for example sepsis.
- At the previous inspection we found there were suitable medicines and equipment to deal with medical emergencies, including adrenaline and a defibrillator. However, there was no oxygen. At this inspection we found this had now been addressed. All emergency medicines and equipment was stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. 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.
- 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.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks.
- Besides adrenaline for use in emergencies, the service did not store any medicines and did not prescribe medicines either.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. The provider told us about the two significant events which had occurred, (one since 2018) which was an incident of flooding at the premises. We saw that this had been managed and addressed effectively and action was taken immediately to repair the premises and prevent a recurrence.
- 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
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

Clinicians were up to date with current guidance and delivered care and treatment in line with current legislation. There was some quality improvement activity. Staff had the skills, knowledge and experience to carry out their roles and worked together to deliver effective care and treatment. They empowered patients and obtained consent to care and treatment in line with legislation and guidance.

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 on interventional procedures and Royal College of Radiology guidelines. There was a protocol in place to ensure NICE guidance updates were received and circulated.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis. Patients were initially given a free fifteen-minute consultation. Once assessed they were advised as to the most appropriate treatment option which could include a referral to the radiologist or to their GP.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

There was limited quality improvement activity.

- At the previous inspection of 24 September 2018, we said the provider should continue with plans to undertake formal quality monitoring and improvement activity in respect of the regulated activity. It was acknowledged at that inspection that there was limited opportunity for meaningful clinical audits to be carried out, for example, due to the low number of patients using the service.

- At this inspection we found the position remained the same in respect of opportunities for undertaking clinical audit. However, the provider was not aware of any complications which had arisen as a result of the procedure.
- The service was in the process of carrying out a patient satisfaction survey about the whole service which had started in September 2019. They were due to collate and discuss the results at the next management meeting.

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.
- The relevant medical professional was registered with the General Medical Council (GMC) and was up to date with their revalidation and appraisal.
- 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.
- The service provided staff with ongoing support. This included one-to-one meetings and appraisals.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. The consultant made the assessment as to the appropriate referral pathway. Referrals could also be made within the service between the various professionals.
- We saw evidence of where a patient had been referred for a joint injection but the ultrasound scan had revealed this was unnecessary. This information had been shared with the patient's GP.
- Before providing treatment, the consultant ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Are services effective?

- All patients were asked for consent to share details of their consultation with their registered GP on each occasion they used the service. We saw evidence of where reports were sent to the patient with copies sent to the patient's GP.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. Due to the multidisciplinary nature of the service, professionals were able to refer patients to each other depending on their individual needs. This supported an individualistic and holistic treatment approach.

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were provided with an information leaflet about image guided injections into joints and soft tissue. This gave patients general information about the procedure and any side effects.
- Patients were given advice about weight loss, diet and smoking cessation as deemed appropriate.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Staff treated patients with kindness, respect and compassion. They helped patients to be involved in decisions about care and treatment and respected patients' privacy and dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services 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.
- Staff communicated with people in a way that they could understand.
- Patients were provided with written information about fees and insurance claims prior to any treatment being given.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns 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. For example, the service's main users were city workers with limited time who prioritised efficiency and quality of service. As such, the provider ensured appointments ran to time and that the service was flexible in terms of appointment length and price, for example in the case of regular or existing patients with new injuries.
- The facilities and premises were appropriate for the services delivered.

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 reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

- Information about how to make a complaint or raise concerns was available in the service information literature available at reception.
- The service had not had any complaints; however, they had a complaints policy which detailed how the service would manage complaints it received.
- 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.

Are services well-led?

We rated well-led as Good because:

Leaders had the capacity and skills to deliver high-quality, sustainable care. The service had a clear vision and a credible delivery strategy. It had a culture of high-quality sustainable care, clear governance arrangements and risks, issues and performance were well managed. The service acted on appropriate and accurate information, engaged with and involved patients and staff and focussed on continuous learning and improvement.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- 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 patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. For example, the provider planned to expand and increase the number of rooms available in order to see more patients.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year.
- 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.

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.
- The service manager and the consultant radiologist met every three months to review the service and plan for the future delivery of the service.
- Staff were clear on their roles and accountabilities. Job descriptions were available for each role and the organisational structure was detailed in the business continuity plan.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

Are services well-led?

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Whilst there was no clinical audit process due to the nature and low number of patients seen, there was evidence of action to change services to improve quality. For example, where incidents had occurred.
- 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.
- 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. At the time of our inspection the service satisfaction survey was underway. The results would be collated and analysed once the survey closed.
- Staff could describe to us the systems in place to give feedback. Staff told us the service had an open culture and they felt they were able to be involved in the running of the service. Staff told us they had opportunities to give feedback during weekly team meetings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The service hosted learning events where specialists were invited to present on various related topics. Staff also attended similar events run by other similar services.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work, for example through regular learning events provided and attended by the leadership to ensure their knowledge remained current and any new trends were identified and learning captured.