

Isokinetica Ltd

Isokinetic Medical Group

Inspection report

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Overall summary

Our previous comprehensive inspection at the Isokinetic Medical Group on 3 May 2018 found breaches of regulations relating to the safe delivery of services. The full comprehensive report on the previous inspection can be found on our website at: www.cqc.org.uk/location/1-1686963441.

This inspection was an announced focused inspection carried out on 19 February 2019 to check that the service was meeting the regulations and to consider whether sufficient improvements had been made.

At this inspection, we found the service had made improvements. However, there were areas highlighted during the previous inspection where improvements are still required.

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Isokinetic Medical Group is an independent clinic in central London, which provides a sports and exercise medicine related healthcare service. The service offers services for adults and children.

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. Therefore, we were only able to inspect the services provided by the doctors which included screening, assessment, diagnosis, follow-ups and referrals but not the osteopathy, physiotherapy, hydrotherapy and on-field rehabilitation services.

The managing director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service had demonstrated improvements in relation to calibration of clinical equipment, business continuity planning and fire safety risk assessment.
- Infection control audits had been carried out and a spill kit was available.
- We found some staff had not received training relevant to their role. However, we saw training sessions had been booked in the near future.

Summary of findings

- We found most administrative staff had not received a formal appraisal within the last 12 months. The service informed us they had planned dates to complete appraisals in the near future.
- The service had not taken steps in a timely manner to ensure all necessary recruitment checks were in place and records kept in staff files including evidence of satisfactory conduct in previous employment in the form of references and health checks.

We identified regulations that were not being met and the provider must:

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

You can see full details of the regulations not being met at the end of this report.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Isokinetic Medical Group

Detailed findings

Background to this inspection

Isokinetica Ltd provides a private, non-NHS service. The service, Isokinetic Medical Group, started in May 2012 and has two directors who run the service. The service employs three doctors. All doctors are UK based, on the General Medical Council (GMC) register, and have indemnity insurance to cover their work.

The team consists of a managing director, a medical director and two doctors, head of rehabilitation, head of administration, head of the front office, physiotherapists, osteopaths, a team of administrative staff and head of maintenance.

Services are provided from: Isokinetic Medical Group, 11 Harley Street, Marylebone, London, W1G 9PF. We visited this location as part of the inspection on 19 February 2019.

Online services can be accessed from the practice website: www.isokinetic.com.

The provider specialises in offering person-centred sports and exercise medicine related healthcare service. The provider offers services for adults and children. There are approximately 350 active patients. On average the service offers 200 consultations per week with the doctors.

The service has core opening hours from 8am to 7pm Monday to Friday and 9am to 1pm Saturday. The service offers extended hours if required for working patients who could not attend during normal opening hours.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, and surgical procedures. 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 because other services are out of the scope of CQC registration.

On 19 February 2019, our inspection team was led by a CQC Lead Inspector. We carried out a follow up focussed inspection to follow up and assess whether the necessary changes had been made, following our inspection in May 2018. We focused on the aspects of the service where we found the provider had breached regulations during our previous inspection. We followed up to make sure the necessary changes had been made.

Are services safe?

Our findings

When we inspected the practice in May 2018 we found that this service was not providing safe care in accordance with the relevant regulations. This was because:

- The service was unable to provide documentary evidence calibration of clinical equipment had been carried out in line with manufacturers' guidance.
- The service did not have a formal documented business continuity plan in place.
- The service had not carried out an infection control audit. A spill kit was not available on the premises.
- The service was unable to provide documentary evidence to demonstrate that all staff had received training suitable to their role, that included: safeguarding children and adults, basic life support and infection control.

In addition, we asked the provider should make improvements in the following areas:

- The fire safety risk assessment was out of date.
- There were gaps in the staff recruitment checks undertaken prior to employment.
- Review systems to verify a patient's identity on registering with the service.

At the February 2019 inspection, we found improvements had been made. However, the service needed to make further improvements.

We found that this service was not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Safety systems and processes

The provider had systems to keep people safe and safeguarded from abuse. However, some improvements were required.

- The service had ensured that equipment was safe and calibration of clinical equipment had been carried out in

line with manufacturers' guidance which included the ultrasound machine, shockwave machine and weighing scales. The service had bought new blood pressure monitors and stopped using digital thermometers.

- We noted a formal documented business continuity plan was in place.
- There was an effective system to manage infection prevention and control. The contractor was responsible for cleaning the premises. We observed that appropriate standards of cleanliness and hygiene were followed. The service had carried out an infection control audit. A spill kit was available on the premises. All staff had received infection control training.
- The service informed us all the doctors had received adult and level three child safeguarding training. However, their child safeguarding training certificates were not available in staff files on the day of the inspection.
- Not all staff had received up-to-date safeguarding and safety training appropriate to their role. The service was unable to provide documentary evidence that all administrative staff had received adult safeguarding training in line with intercollegiate guidance for all staff working in healthcare settings. However, we saw a safeguarding training session had already been booked for 14 May 2019.
- Most staff had received basic life support training with the exception of two of the administrative staff. However, we saw basic life support training session had already been booked for April 2019.
- All staff had not received health and safety and equality and diversity training. Some staff had not received fire safety training.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. The two staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment with the exception of evidence of satisfactory conduct in previous employment in the form of references, and health checks (satisfactory information about any physical or mental health conditions) were not available. The service informed us they had made an arrangement with an external consultant to carry out staff health checks for all new starters and they were in the process of implementing this change.
- On registering with the service a patient's identity was not verified. The service informed us they had

Are services safe?

considered this and decided not to verify the patient's identity, as risks were very low due to the nature of services offered at the service. The service had advised all the doctors that they were not authorised to prescribe any controlled drugs or high-risk medicines. Patients were able to register with the service by verbally providing a date of birth and address. They were able to pay by bank transfer, debit or credit card and cash. Patients could choose to provide their debit or credit card details during the registration process.

Track record on safety

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.
- A fire safety risk assessment had been carried out by an external contractor on 18 May 2018. The service had identified and completed all actions required from fire risk assessment. The service had carried out regular fire alarm checks. The last fire drill was carried out in February 2018.
- The fire marshal had not received enhanced fire safety training relevant to their role. However, they had received online fire safety awareness training. The service informed us fire marshal enhanced fire safety training had been booked for April 2019.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The service had not taken steps in a timely manner to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">• The service had not ensured all necessary recruitment checks were in place and records kept in staff files including evidence of satisfactory conduct in previous employment in the form of references and health checks.• Not all staff had received training relevant to their role.• Not all administrative staff had received a formal appraisal within the last 12 months. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>