

English Institute of Sport - Loughborough





Inspection report

Loughborough Performance Centre
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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 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 well-led? – Good

We carried out an announced focussed inspection at English Institute of Sport – Loughborough on 12 December 2022 to follow up on breaches of regulation we found during our previous inspection. We inspected the key questions of safe, effective and well led. The key questions of caring and responsive were rated as good at the last inspection and were not inspected as part of this follow up inspection. Their previous rating of good still stands.

At the previous inspection in July 2022 we found a breach of Regulation 17, good governance, regarding the oversight of training, premises and infection prevention and control. The provider was rated as inadequate overall with ratings of inadequate in safe and well led, and requires improvement for effective. In this inspection we found improvements had been made to effectively comply with Regulation 17.

This service is registered with the 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 operations manager 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.

The location is registered to carry out diagnostic and screening regulated activities.

Our key findings were:

- Governance processes had been put in place for service leaders to have oversight of requirements within the service.
- There were processes in place to manage infection prevention and control, and staff had received infection control training.
- There was a system to identify training requirements for staff and leaders who had oversight of training completion.
- There was evidence of systems and processes for learning, continuous improvement and innovation. For example, clinical audits and learning from incidents were being completed within the service and at a national level.
- Staff dealt with athletes with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to allow athletes to access care and treatment in a timely way.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Overall summary

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was undertaken by a CQC lead inspector.

Background to English Institute of Sport - Loughborough

The English Institute of Sport – Loughborough is part of a wider organisation, The English Institute of Sport Limited. The English Institute of Sport provides care and treatment to elite athletes across six registered locations.

The English Institute of Sport – Loughborough is located at Loughborough Performance Centre, Loughborough University, Loughborough, LE11 3TU. It is registered to provide diagnostic and screening regulated activities from this site. This location also has a branch site located at Holme Pierrepont National Water Sports Centre, Adbolton Lane, Nottingham, NG12 2LU. This branch site was not visited as part of the inspection.

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

We were told the team consists of five sports and exercise physicians, 17 physiotherapists, nutritionists, strength and conditioning coaches, an operations lead, and a team of administration support. All doctors are listed on the specialist register of sport and exercise medicine.

The service treated both adult and child athletes.

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 inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 12 December 2022. Before visiting the service, we looked at a range of information that we hold about the service. We reviewed information submitted by the service in response to our provider information request. During our visit we interviewed staff and reviewed documentation.

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 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:

- Emergency medicines were available and managed effectively. The provider had assessed which medicines were required for their service.
- There was a process in place for infection control which included in-depth audits, daily checklists and cleaning schedules. Staff had received infection control training.
- The service had implemented a procedure to report, review and learn from significant events. There was evidence of learning from significant events nationally, driving improvement within the organisation.
- The provider had evidence to provide assurance regarding Legionella, health and safety and portable appliance testing.
- Staff had received appropriate safeguarding training.

Safety systems and processes

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

- The provider conducted safety risk assessments of the premises they used. The buildings used by the service were tenanted and some aspects of management of the building were completed by the landlord. There were informal agreements in place for this, however we saw the service gained assurance that required checks had been completed such as legionella management.
- The service had safety policies at a national level. Local relevant interpretations were available if they altered from the national policy.
- The service had systems in place to assure that an adult accompanying a child had parental consent.
- The service held safeguarding policies for adults and children which set out the process for staff to follow should they have any concerns with their athletes. The policy set out how the service would support athletes and protect them from neglect and abuse.
- The provider policy did not contain location specific contacts or processes however local safeguarding information was available via the safeguarding concern reporting form which would identify what action needed to be taken. All safeguarding concerns were reported to the national safeguarding lead who referred them onto appropriate teams for investigation and followed up if necessary.
- 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).
- Administration staff who acted as chaperones had completed training for this role. Staff we spoke with understood the role of chaperoning and we saw there was a chaperone policy available to all staff.
- At the previous inspection we could not be assured that staff had received appropriate training in relation to safeguarding children and adults. At this inspection we saw that all staff had completed safeguarding training appropriate to their role. There was oversight of training by managers.
- At the previous inspection there was limited oversight on infection prevention and control. At this inspection we saw that processes had been put in place in relation to infection prevention and control including in depth audits, daily checklists and cleaning schedules. On the day of inspection, we found consumables which had expired within the physiotherapy suite; however, the items were disposed of immediately and the audit checklist was amended to include looking through consumables during the audit process. The service also reported this as an untoward incident and told us they would distribute the learning nationally to their other sites.

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for new staff within the service tailored to their role.
- There was a system for oversight of staff training which was regularly reviewed. The service had identified training requirements of staff relevant to their role. This included medication emergencies, fire safety, infection prevention and control, safeguarding and GDPR.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Staff shared required information to ensure they delivered 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 some information with staff and other agencies in relation to scan results and mental health concerns.
- 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 to other healthcare services in line with protocols and up to date evidence-based guidance.

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 had assurance of risk assessments in relation to buildings and premises such as fire risk assessments and legionella risk assessments.
- Portable appliance testing and calibration had been completed by the service to provide assurance that equipment was safe to use within the service.
- The service had regular meetings with the building management to provide assurance that essential maintenance was carried out. The service had oversight of legionella testing completed by the University campus which they requested regularly.
- A health and safety audit had been carried out by the service.

Lessons learned and improvements made

There was evidence of the service making improvements when things went wrong.

- There was a documented system for recording and acting on untoward incidents and accidents. Learning was recorded from these events and shared with staff within the service as well as disseminated nationally for all sites to learn and improve. We also saw improvements being made following learning being identified via events at other sites.
- There was evidence of safety alerts being reviewed within the clinic. There was a national system for receiving all alerts, the relevant ones were then cascaded to the services to review. There was an ongoing log of actions taken by the service to safety alerts that potentially were relevant to their field.

Are services effective?

We rated effective as Good because:

- The service had systems in place to share relevant information with the athlete's GP.
- There had been a system implemented for oversight of staff training.
- There was evidence of quality improvement such as learning from incidents and national audits being completed.

Effective needs assessment, care and treatment

We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance where possible.

- There was a lack of national guidance within sports medicine for elite athletes however we saw clinical staff providing care and treatment in line with best practice.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to support athletes who frequently attended the service.

Monitoring care and treatment

The service completed quality improvement activity.

- The service retained a record of untoward incidents which were documented, investigated and resulted improvements being made to the service. These were discussed in regular meetings with staff where learning was shared locally and nationally to other sites.
- Audits were completed nationally by the provider to review athlete experience and treatment in different areas. There was evidence of operational audits being completed within the service such as infection prevention and control and health and safety audits.

Effective staffing

The provider had records of training for staff.

- Relevant professionals were registered with the General Medical Council (GMC) and Health Care Professional Council (HCPC) where appropriate and there were records of the provider checking staff registration.
- Training requirements for staff had been reviewed and mandatory training required by the provider had been identified. The leaders had oversight of staff training and completion and updates were regularly reviewed.

Coordinating patient care and information sharing

Staff did work with other organisations, to deliver effective care and treatment.

- Athletes received coordinated and person-centred care within the service. Staff referred to and communicated effectively with other services for scan and test results. All athletes were asked for consent to share details of their consultation.
- Before providing treatment, doctors at the service requested knowledge of the athlete's health, any relevant test results and their medicines history.

Are services effective?

- The service utilised multidisciplinary style approaches to all athletes which included physiotherapy, doctors and nutritionists.

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 people advice so they could self-care.
- The service had performance lifestyle coaches alongside the sports team to support an athlete's lifestyle.
- 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.

- Consent forms were used within the service for complex interventions which carried some form of risk. 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 a patient's mental capacity to make a decision.

Are services well-led?

We rated well-led as Good because:

- Managers were able to demonstrate they had oversight of requirements within the service.
- Policies and procedures were followed within the service.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were processes for managing risks, issues and performance.
- There was evidence of systems and processes for learning and continuous improvement.
- There was assurance of the building and premises management.
- Leaders at all levels were reported to be 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.

- 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 vision and strategy to deliver care and promote good outcomes for athletes.

- There was a clear vision and set of values.
- The service developed its vision, values and strategy jointly with staff and external partners.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of athletes.
- The service had policies to support leaders and managers to deal with behaviour and performance inconsistent with the vision and values.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular performance development reviews 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 felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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 had been clearly set out and were working effectively. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- The service had implemented a new learning platform and system to document governance systems. We saw this was working well during the inspection and was clear for staff to see who had lead roles for aspects of the service.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety, and they assured themselves that they were operating as intended.
- 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 were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts and untoward incidents.
- Clinical audits were being completed and had implemented quality improvement for the care they gave.
- The provider had plans in place and had trained staff for major incidents in the form of a business continuity plan.

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 had been discussed in relevant meetings where all staff had sufficient access to information.

The service involved their athletes to support high-quality sustainable services.

- The service reported they sought feedback from athletes, however athletes seldom gave feedback regarding their care. The service had plans to try and capture feedback going forward using electronic devices. The service had close working relationships with the other organisations supporting athletes where any concerns regarding the care given to athletes would be fed back to the service.
- Staff could describe to us the systems in place to give feedback and had a policy to support staff to report on feedback.

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 within the service following the previous inspection.

Are services well-led?

- The service made use of internal and external reviews of incidents and accidents. Learning was shared and used to make improvements within the service and across the national services.