

# Pure Sports Medicine (Chancery Lane)

## 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 to people's needs?

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

We carried out an announced comprehensive inspection at Pure Sports Medicine (Chancery Lane) on 03 November 2021 as part of our inspection programme.

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. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Pure Sports Medicine (Chancery Lane) is part of a chain of sports medical clinics situated within London.

The clinic provides a range of services (mainly for adults) including physiological and lifestyle assessments, physiotherapy, chiropractic, osteopathy, podiatry, massage therapy, Pilates, occupational therapy, diet and nutrition and appointments with consultants in Sport and Exercise Medicine (SEM consultants) and Rheumatology and a doctor led COVID-19 rehabilitation service. Services such as physiotherapy, chiropractic, osteopathy, podiatry and massage therapy, Pilates and occupational therapy are not within CQC's scope of registration. Therefore, we did not inspect or report on these services. This inspection focussed on the services provided by the SEM Consultants, Rheumatology Consultants and a doctor led COVID-19 rehabilitation service for patients with prolonged fatigue and reduced exercise tolerance.

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.

## **Our key findings were:**

- Staff had been trained with the skills and knowledge to deliver safe care and treatment. Clinical staff were aware of current evidence-based guidance.
- Information about the range of services and fees were available. Complaints information was displayed in the clinics; however, there was no complaints leaflet for patients.
- The service conducted quality improvement activity to improve patient outcomes.
- The service gave patients the ability to view their treatment plan online via secure access.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency (MHRA).
- Patient feedback was important to the service and was used to improve services provided.

# Overall summary

- Clinical information with other relevant healthcare providers was shared in a timely manner (subject to patient consent).
- Staff told us that they were happy to work for the service.
- The service had an administrative governance structure in place, which was adhered to through a range of policies and procedures which were regularly reviewed.
- There was a clear vision and strategy, along with a strong governance framework in place which includes all key policies and guidance.

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

- Action all the recommendations following the health and safety risk assessment and infection prevention and control audit.
- Stock all the emergency medicines or assess the risk this may pose.
- Undertake regular fire drills.
- Include escalation information in response letter to complaints.

**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 GP specialist advisor.

## Background to Pure Sports Medicine (Chancery Lane)

Pure Sports Medicine (Chancery Lane) has been operating since January 2018 from its registered premises at 36 Chancery Lane, London, WC2A 1EN. It is registered by the Care Quality Commission to provide the regulated activities Diagnostic and screening procedures and

Treatment of disease, disorder or injury. The clinic occupies the ground and lower ground floors and is accessible at street level and has lift access to the lower ground floor. The clinic has consultation rooms, a patient waiting area, a gym, changing facilities, staffing areas and treatment rooms. There are good transport links with regular buses and local tube stations.

The clinic provides pre-bookable and walk-in private appointments for adults and children (over the age of 8) for musculoskeletal and sports related concerns, injuries and advice and for rheumatologic conditions. Initial consultation appointments are 40 minutes, follow up appointments are 25 minutes. Patients can either have a face to face appointment or a video consultation.

An initial assessment process is undertaken by a Sports and Exercise Medicine Consultant or a Rheumatology Consultant with a second consultation to discuss the findings of their assessment and the results of any investigations. A management plan is then established with clear goals and objectives identified that includes any recommended lifestyle changes required to achieve these goals.

Patients seen at the service are either private patients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided privately and are not commissioned by the National Health Service.

The service is available Monday-Friday 8am to 7pm. The clinic is closed on weekends and patients who need to contact the clinic outside of the core business hours are given out of hours contact details.

### How we inspected this service

During our inspection we:

- Spoke with a consultant in sport and exercise medicine and the senior clinical administrator remotely through video conferencing.

During our site visit we:

- Spoke with staff (a consultant rheumatologist, the medical director, the clinical director, the operations manager, the practice manager and two administrative and reception staff).
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.

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:

*The provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. In addition, there were arrangements in place for the management of infection prevention and control and reliable systems in place for appropriate and safe handling of medicines.*

## Safety systems and processes

- The service had clear systems to keep people safe and safeguarded from abuse.
- The service conducted risk assessments. It had a number of safety policies which were regularly reviewed. These policies were accessible to all staff.
- The service had systems to safeguard vulnerable adults and children from abuse. The Clinical Director was the designated safeguarding lead for the service. The provider had safeguarding policies, protocols and contact details for the local statutory safeguarding team. Information was available on how to contact statutory agencies for further guidance if they had concerns about a patient's welfare. All staff understood their responsibilities and had received safeguarding training relevant to their role, for example the consultants were trained to safeguarding children level 3, and in safeguarding vulnerable adults.
- The service did not see children regularly, however they had systems in place to assure that an adult accompanying a child had parental authority when they attended.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had recruitment procedures to ensure staff were suitable for the role and to protect the public. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We looked at staff recruitment files for clinical and non-clinical staff and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service (DBS) checks for all staff working in the service. 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.
- The service had professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.
- Chaperone services were available on request; this information was displayed in the reception area and consultation rooms. All staff had been provided with in-house chaperone training and a DBS check. The provider had a policy for all unaccompanied minors to have a chaperone present during consultations and treatments.
- The provider had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. The provider carried out regular infection prevention and control (IPC) audits; the provider had identified two issues following the IPC audit undertaken in April 2021 which included lack of splashbacks for sinks in consultation/treatment rooms and lack of pedal operated bins in some consultation rooms. The provider indicated they had received quotes for the installation of splashbacks and were waiting for an installation date. The premises were clean and tidy. During the COVID-19 pandemic the provider informed us that they maintained social distancing and provided the necessary Personal Protective Equipment for staff; they also provided COVID-19 vaccines for staff. The provider undertook regular handwashing audits for staff and regular audits to ascertain if patients attending their clinics had their temperature checked and were screened for COVID-19 on arrival.
- We saw sharps bins in the consultation rooms were securely assembled and dated and were not over-filled. Staff had access to sharps injury policy which provided staff with quick access to information on the steps to be taken in the event of a sharps injury.

# Are services safe?

- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. A cleaning schedule was in place and there were systems for safely and appropriately managing healthcare waste.
- The provider had considered relevant health and safety and fire safety legislation and had carried out appropriate risk assessments covering the premises, patients and staff. A risk assessment relating to legionella (a term for bacterium which can contaminate water systems in buildings) had also been carried out in August 2021; which had identified a low risk of the bacterium being present at the premises.

## Risks to patients

- Staff understood their responsibilities to manage emergencies whilst with patients and to recognise those in need of urgent medical attention. The service kept emergency medicines on site; however, the provider did not stock aspirin (for suspected myocardial infarction) and midazolam (a medicine used to treat epileptic seizures) and they had not assessed the risk this may pose. We saw emergency medicines were checked regularly to ensure they were safe to use. Clinical staff knew how to identify and manage patients with severe infections, for example sepsis, and non-clinical staff told us that they would call a clinician if they suspected an acutely unwell or deteriorating patient. All staff had received sepsis awareness training, and this was incorporated in the core training for staff.
- There was enough clinical staff to meet demand for the service. Service users would book appointments at a time suitable to both them and the appropriate clinical member of staff. 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. We were told that it was policy not to have more than two clinicians on leave at any one time. If required, staff could move between local Pure Sports Medicine locations to provide cover. There was a corporate and local induction programme for all new staff joining the organisation. There was a staff handbook which had details about the service, organisational values, code of conduct, dress code, facilities, frequently asked questions, policies and procedures.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## 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. Each patient was given a written 'patient management plan' which detailed information needed to deliver care and treatment and recorded the patient's goals. The practice also provided patients with a booklet called 'The Better Journal', this booklet provided patients with health information and allowed patients to track their progress and be more involved in their treatment.
- The electronic clinical system the service used required each user to have an individual user log-on which allowed audit trail of who within the service had accessed individual patient records. System based patient records contained test results, health assessments and treatment plans. The service had a cloud-based clinical system which allowed staff to access records from any location with their individual log-on.
- New patients to the service were required to complete a registration form before the first appointment at the service.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was subject to patient consent.
- We saw evidence that clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

# Are services safe?

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

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks.
- The service did not keep any medicines on site with exception of emergency medicines. These were held in a secure area of the building. The service also kept oxygen and a defibrillator on site. The service had a process in place for checking medicines, the oxygen and defibrillator on site to ensure that they were all stored according to manufacturer's guidance and were within date. The medicines, defibrillator and oxygen that we checked were in date.
- The service told us that audits of prescribing by clinical staff were conducted through regular audits of the service clinical system.
- Staff who prescribed medicines to patients, gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients including children. New users of the service were asked to bring proof of ID (birth certificate and photo ID for guardian/parent for registering children) when attending the service for their first appointment. The provider carried out monthly audits on child ID verification.

## **Track record on safety and incidents**

### **The service had a good safety record.**

- The service was operating from rented premises and maintenance and facilities management was shared by the landlord and the tenant.
- 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.
- We saw evidence the fire alarm warning system was regularly maintained by both the provider and the landlord. A weekly fire alarm warning system test was undertaken and logged. The provider indicated that fire evacuation were undertaken by the landlord and were paused during the last year due to the pandemic and due to restart in January 2021. We saw the fire procedure and evacuation guidance displayed in the waiting room.
- We saw various risk assessments had been undertaken for the building, including health and safety, Control of Substances Hazardous to Health (COSHH), Legionella and fire. During the inspection the provider indicated that a medium priority action (fire safety and emergency evacuation plan is created and displayed) following the health and safety risk assessment undertaken on 10 August 2021 was being finalised.
- Portable appliance testing (PAT) for the premises and calibration of the medical equipment was undertaken annually.

## **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 service told us that they had no significant events in the past 12 months. We saw that significant events had occurred in other clinics in this service and these had been recorded and investigated. Staff we spoke to were able to give an example of an incident or a significant event.
- 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

# Are services safe?

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence. This was achieved by completing the service incident report form.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The Medical Director was responsible for reviewing the relevance of alerts and disseminating them to staff. Staff were also required to sign and declare that they had read the relevant safety alert(s).

# Are services effective?

## **We rated effective as Good because:**

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had a programme of quality improvement and audits to help drive improvements.*

## **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 service had systems to keep clinical staff up to date with current evidence-based practice. We saw (through patient notes that we viewed) that the clinicians assessed needs and delivered care and treatment in accordance with current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and the Faculty of Sport and Exercise Medicine UK guidelines.
- The doctors we spoke to during the inspection informed us that they do not have formal clinical meetings; however, they said they communicated through a secure instant messaging system on their phones and discussed clinical updates.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. They followed a multidisciplinary approach for care with all sports medicine related professionals working under one roof.
- Clinicians had enough information based on conversations held with patient(s) to make or confirm a diagnosis and to follow through with relevant and patient-specific treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. If a patient required a follow-up appointment, this was made and agreed with the patient whilst on site following a consultation. Alternatively, a follow-up appointment could be made with the service by telephone or on-line at a suitable time with both the patient and clinician.

## **Monitoring care and treatment**

### **The service was actively involved in quality improvement activity.**

The service used information about care and treatment to make improvements. The service made improvements through the use of audits. Audits had a positive impact on quality of care and outcomes for patients. We noted that the service had conducted both clinical and quality improvement audits. There were performance indicators in place for monitoring care and

treatment. For example, the quality of consultations with patients was monitored through a clinical notes audit conducted by the management team; this looked at whether the Sports and Exercise Medicine consultants and Rheumatology consultants had recorded all relevant information such as patient's medical history, diagnosis, patient goals and treatment plans.

- The practice undertook an audit to ascertain if injectable medicines were recorded on their patient management system as this was identified as an issue in 2019. The provider identified fifteen patients who had been administered

# Are services effective?

injectable medicines during June and October 2021. They found that the injectable medicines were recorded on their patient management system for all 15 patients; however, expiry dates and batch numbers were only recorded for 87% (13 out of 15 patients) of patients. Following the audit, the provider recommended that the findings of this audit were shared amongst clinicians and for a re-audit to be carried out.

## 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.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- 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.

## 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. We were told that if a patient consented, their regular GP would be informed of treatment received. All patients 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. Consent given (or not) was recorded on the service clinical records system.
- The practice had conducted free seminars for GP's in the London area where they were educated on advanced Sports Medicine and providing effective Musculoskeletal care.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients would be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered. They had identified medicines which could have the potential to be open to abuse and prescribed them in accordance with being able to monitor the patient on such medicine(s) accordingly.
- 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. There were clear and effective arrangements for following up on people who had been referred to other services.

## 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.

- Through the process of patient consultation, clinicians could give people advice, so they could self-care after consultation. In addition, the service clinical system had a secure interface/portal for patients to access their records. This allowed patients (with permission) to have access to treatment plans including treatment plans.
- Where a patient needs could not be met by the service, staff redirected them to the appropriate service for their needs. One of the key aims and objectives of the service was to provide the best treatment to patients to enable them to lead active lives. This was achieved through a process of assessment and screening and the provision of individually

# Are services effective?

tailored advice and support to assist patients. Each patient was provided with a detailed report covering the findings of their assessments, recommendations for how to manage the symptoms they currently were experiencing. Patients were also provided an action plan to reduce future re-occurrences of symptoms and to improve their general health and well-being.

- The provider monitored patient outcomes between admission and discharge. Outcomes were shared with patients after each patient survey which helped patients' monitor their progress towards recovery; self-management advice was provided for patients who did not require medical intervention.
- From our discussions with staff on the day of inspection, we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed the care proposed or treatment options with patients as necessary. Staff were trained in providing motivational and emotional support to patients to encourage them to make healthier lifestyle choices and improve their health outcomes. Where appropriate this included sharing information about other services provided by the NHS or other private healthcare providers.
- The Pure Sports Medicine website contained a variety of information for patients regarding sports and musculoskeletal conditions and general health and wellbeing advice. For example, we saw information on the impacts of working from home and how to balance pain and exercise. The website also gave information about specific events taking place at Pure Sports Medicine, for example Pilates classes and strength and conditioning classes.
- The provider ran health and wellbeing events and workshops including rooftop Pilates, evening drop-in sessions, back awareness, seasonal ski, marathon, triathlon preparation advice, workplace presentation and patient and public involvement meetings.
- They also released fitness related podcasts.
- The provider was part of the working group looking at quality in private musculoskeletal care which aims to improve the quality of clinical care outcomes for patients.

## 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 and it was noted on the clinical records system. We saw evidence of this through sight of patient notes that we viewed as part of this inspection.
- The service monitored the process for seeking consent appropriately. Clinical records were periodically checked to ensure that consent was noted on patient records.

# Are services caring?

## **We rated caring as Good because:**

*The service sought to treat service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work.*

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- 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. This could be arranged in advance of a consultation.
- Feedback from patients shared with us by the provider indicated that the patients felt listened to and supported by staff and had enough 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, for example, communication aids and easy read materials were available.
- The provider informed us that patients could contact their clinician through email or phone to discuss their treatment and outcomes.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect. The service had arrangements in place to provide a chaperone to patients who needed one during consultations.
- The service provided patients with changing rooms, lockers and gym kit.
- All confidential patient records were stored securely on computers and all correspondence was sent via a secure portal. The information stored on the computers at the service was regularly saved to a remote location.
- The service had data protection policies and procedures in place and there were systems to ensure all patient information was stored and kept confidential. The service had acted in accordance with General Data Protection Regulation (GDPR). We saw evidence staff had undertaken relevant training and had access to guidance. The service was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.

# Are services responsive to people's needs?

## We rated responsive as Good because:

*The provider was able to provide all service users with timely access to the service. The service had a complaints procedure in place, and it used service users' feedback to tailor services to meet user needs and improve the service provided.*

## 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. The length of initial consultation appointments for patients varied dependant on the service they required. For example, initial consultation appointments were 40 minutes and follow up appointments were 25 minutes.
- Since the COVID-19 pandemic the provider offered video consultations which made it easier for patients who could not attend in person.
- The facilities and premises were appropriate for the services delivered. All patients were offered and had access to refreshments.
- The service was located on the ground and lower ground floor with disabled access from the street level and lift access to the lower ground floor.
- Patient security had been considered and the waiting area was visible from the reception area.
- Patients could contact the service in person, by telephone and through the service website.
- The service provided consultations (mainly) to adults on a fee-paying basis. We were told that the service did not discriminate against any person wishing to register with the service.
- The service website listed all clinical services available, staff members at each of its locations, opening times, well-being pages, a Pure Sports Medicines blog and a list of upcoming events.
- The service provided all patients with 'The Better Journal' which is a journal devised for patient to record and track their health goals and progressions towards achieving those goals. Also included within the journal was a list of Pure Sports Medicines services, the fees for the services and information regarding medical insurance payments and who to contact with comments, suggestions and complaints.
- The provider informed us that they ran an athlete support programme and they provided free medical support for up to 10 athletes each year.

## 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.
- Referrals and transfers to other services were undertaken in a timely way.

The service opened between the hours of 8am -7pm (Monday -Friday). The weekday opening hours of the service reflected the service's awareness that most patients would come to the service either before work, during lunchtime or after they had finished work.

## Listening and learning from concerns and complaints

# Are services responsive to people's needs?

**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 displayed in the waiting area; however, there was no complaints leaflet available. We were told that if any complaints were to be made to the service, the complainant would be treated compassionately and the complaint in confidence. There was a lead member of staff who was responsible for dealing with complaints.
- The service had a complaint policy and procedures in place. The service told us they would learn lessons from individual concerns and complaints to improve the quality of care provided. The provider had not received any complaints in the last 12 months. We reviewed two complaints received for other clinics and found their responses to the complaints were satisfactorily handled and in a timely way and evidence the service adhered to the duty of candour principles; however, the response letter did not include any escalation information for patients to contact if they were not satisfied with the response from the provider.

# Are services well-led?

## We rated well-led as Good because:

*Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used patient feedback to tailor services to meet patient need.*

## 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. The provider has seven sites in London including the Chancery Lane site. All sites followed a corporate set of reporting mechanisms and quality assurance checks to ensure appropriate high-quality care.
- Leaders at all levels were visible and approachable. They worked closely with staff 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 of the service. The service spoke to us about how their staff were a valuable resource and that it was important to recruit the right staff and to invest in staff as part of their planning for 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. The service primary aim was to ensure that care provided was based on the most recent clinical knowledge, that it was high-quality and that patients were satisfied with the care and treatment they received. The service also told us that they wanted to build an organisation that provided the public with the same quality of care and the same collaborative approach found within the medical team of a sports club.
- The service developed its vision, values and strategy at a corporate level which was disseminated to all sites.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.

## 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.
- Staff had access to an employee assistance and confidential support line.

# 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 received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff had an evaluation of their clinical work by internal colleagues.
- There was a strong emphasis on the safety and well-being of all staff. The service ran a team fitness slot every week for staff and held regular social events for all staff. Staff also had access to the gym and exercise classes held at the service.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff. We were told that staff members supported each other and were encouraged by senior leaders to do so.

## 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.
- Staff were clear on their roles and accountabilities.
- The service had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were reviewed on average annually by the service manager. We were told that if a change to procedure occurred before the stated review of policy, the policy in question would be updated to reflect the change and staff would be informed of the change to policy. The service had a business continuity plan which would be put into action in the event if the service not being able to operate as normal.
- The provider held bi-monthly governance meetings between the medical director, clinical director and operations manager.

## 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 and prescribing. Leaders and the service manager had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

# Are services well-led?

- 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. The service had an encrypted online system to store patient records. The system was regularly backed-up to an external server. The service had its own Data Protection Officer (DPO) who was primarily responsible for all enquiries and issues relating to the use of data by the service.

## **Engagement with patients, the public, staff and external partners**

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

- A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. Leaders spoke positively about the importance of raising awareness of mental health concerns and of supporting people experiencing poor mental health. The service had run an internal campaign surrounding mental health, the importance of addressing mental health concerns and seeking help before issues escalate.
- The service had also appointed Mental Health First Aiders to assist staff at a basic level with mental health concerns and signpost them to other organisations and services that could provide further assistance. The service supported a charitable organisation for people experiencing poor mental health. The service and the charity organised a weekly run where members of staff joined members of the community who were experiencing poor mental health and gave them a platform to exercise, talk and help meet their social needs.
- 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.
- Staff could describe to us the systems in place to for staff to give feedback. Feedback from staff usually occurred at one-to-ones or at staff meetings. The service held monthly or bi-monthly non-clinical staff meetings.
- The provider undertook staff satisfaction surveys every six months to ensure both clinical and administrative teams were happy and engaged; they considered staff views on the way they offered and delivered care and used this information to improve their standard of care.
- The provider ran a blog where clinicians wrote about topics such as staying active in the workplace, nutritional advice and pain rehabilitation.
- The provider also sent bi-monthly newsletters to patients with upcoming events, new classes and any offers.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

### **There were evidence of systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement. Patients were asked to complete a survey about the service they had received. Feedback was monitored and action was taken if feedback indicated that the quality of the service could be improved. This feedback was used to see if there were any areas of the service which might require improvement. The provider informed us that they had made changes on how the provider requested feedback from patients based on patient feedback.
- The provider obtained feedback through a variety of sources including patient surveys, Trust Pilot and Google. They also used a special web-based system to monitor patient outcomes across the whole patient pathway. They obtained patient outcomes data during their first appointment, at regular intervals and also following the discharge from the service. The system provided clinical markers for tracking patient's recovery and helped collect feedback about their service and a Net Promoter Score (NPS) similar to the NHS Friends and Family Test. The data for October 2021 provided by the service indicated that the provider had achieved 77 out of 100 on the NPS and positive feedback from patients.

## Are services well-led?

- During the last year the provider had developed and introduced new services including rheumatology assessment and rehabilitation service (for patients with arthritis and related musculoskeletal conditions), long COVID-19 assessment and rehabilitation service (for patients with prolonged fatigue and reduced exercise tolerance), exercise physiology service and health screening service. The provider is in the process of developing a sports concussion service and a pain service.
- Clinical staff took time out to review individual and service objectives, processes and performance. The Sports and Exercise Medicine consultants at the service had good working relationships with local GP's in the area. The service had also created assessments cards for the local GP's which gave them simple prompts on how to safely and effectively assess musculoskeletal conditions.
- Staff were encouraged to pursue relevant training. The service told us of staff whom they were supporting through training/studying whilst they were working at the service.
- The service had a follow-up process in place once a patient had been discharged from the service to ensure that their recovery was progressing as expected.