

## Pure Sports Medicine Limited

# Pure Sports Medicine (Canary Wharf)

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 15 March 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing well-led 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.

### **Background**

Pure Sports Medicine Canary Wharf is part of a chain of sports medical clinics situated within London. The clinics provide a number of services including physiological and lifestyle assessments, physiotherapy, podiatry, tendon clinics, appointments with sports clinicians and osteopathy. Following an assessment process, clients will undergo a consultation with a clinician to discuss the findings of the results and any recommended lifestyle changes or treatment planning. Clients seen at the service are either private clients or employees of organisations who are provided with health and wellbeing services as part of their employee benefit package. The services are provided to adults and children privately and are not commissioned by the National Health Service (NHS).

# Summary of findings

The service is situated in a rented single floor building, which has consultation rooms, a patient waiting area, a gym, changing facilities, staffing areas and treatment rooms.

The service 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.

Pure Sports Medicine is registered to conduct the following regulated activities under the Health and Social Care Act 2008:-

- Treatment of disease, disorder and injury
- Diagnostic and screening procedures

Prior to our visit, the service was provided with feedback cards for their customers to complete with their views about the service by completing comments cards. No feedback cards were completed prior or during our inspection of the service.

## Our key findings were:

- Staff had been trained with the skills and knowledge to deliver care and treatment.
- The service conducted quality improvement activities to improve patient outcomes.
- The service had systems to keep people safe and safeguarded from abuse. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Clients were provided with information about their health and with advice and guidance to support them to live healthier lives.
- Information about services and how to complain was available. Information about the range of services and fees were available.
- The service had an administrative governance structure in place, which was adhered to through a range of policies and procedures which were reviewed regularly. Clinical governance systems were also in place to ensure quality service provision.
- The service had good facilities and was well equipped to treat patients.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had clearly defined processes and well embedded systems in place to keep patients safe and safeguarded from abuse.
- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way.
- The service operated safe and effective recruitment procedures to ensure staff were suitable for their role.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- There were no medicines held on site with the exception of medicines to be used in the event of a medical emergency.
- We observed the premises and equipment to be visibly clean and tidy. There were adequate arrangements in place for the management of infection prevention and control.
- The provider had systems in place to support compliance with the requirements of the duty of candour.

### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- There was a program of quality improvement and audits were used to drive service improvement.
- The service had systems in place to keep all clinical staff up to date with new guidance. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patient's needs.
- The service had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw that the service gained written consent from the client (or their representative if under 18) before treatment commenced.

### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- During our inspection we observed that members of staff were courteous and helpful. Staff we spoke with demonstrated a client centered approach to their work.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Clients in consultation with clinical staff devised a 'patient management plan' which allowed the client to specify what their health goals were and how the service could help with the achievement of identified goals.

### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service opening times ensured that clients who could not attend the service during normal working hours had the opportunity to do so outside of these times.

# Summary of findings

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- Patients had a choice of time and day when booking their appointment.
  - The service had a complaints policy in place and information about how to make a complaint was available for patients. We saw that complaints were appropriately investigated and responded to in a timely manner.
  - The service listened to suggestions from patients and acted accordingly.
  - Clients could contact the service in person, by telephone or by the service website.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- There were good systems in place to govern the service and support the provision of good quality care and treatment.
  - There were clear leadership structure in place and staff felt supported by management.
  - Systems were in place to ensure that all client information was securely stored.
  - There was a focus on continuous learning and improvement at all levels within the service.
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# Pure Sports Medicine (Canary Wharf)

## Detailed findings

### Background to this inspection

We carried out an announced visit to this service on 15 March 2018.

The visit was led by CQC inspector and included a GP specialist advisor and physiotherapist specialist advisor.

During our visit we:

- Spoke with staff (one doctor, operations manager, service manager, three physiotherapists, one clinical director and one receptionist)

- Reviewed personnel files, service 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?

## Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

- The service had systems to safeguard children and vulnerable adults from abuse. The service treated clients from the age of eight years old upwards. Safeguarding policies were reviewed and were accessible to all staff. The policy outlined who to go to for further guidance. Clinical staff were trained to either safeguarding level two or three. The service had two safeguarding leads at corporate level.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). All clinical staff who worked at the service had been DBS checked. The service had professional indemnity insurance in place that protected the medical practitioners against claims such medical malpractice or negligence.
- Clients were advised that a chaperone was available if they required one. All chaperones had been DBS checked.

There was a system to manage infection prevention and control.

- The service conducted infection control audits and we saw evidence of the latest one conducted in February 2018. This audit was conducted monthly by the registered manager. The service had a cleaning schedule in place that covered all areas of the premises. We observed treatment rooms used by the service to be clean, had hand washing facilities and had taken appropriate measures for the disposal of clinical waste. Systems were in place to ensure that clinical waste was appropriately disposed.
- The service had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

## Risks to patients

- The premises were suitable for the service provided. There was a designated member of staff who managed the premises including managing the systems and procedures in place for monitoring and managing risks to client and staff safety. There was a range of health and safety related policies and procedures that were available to staff and kept under regular review. For example, we viewed up to date risk assessments for many work and safety checks were carried out as required. For example, fire safety equipment, electrical equipment and clinical equipment were regularly checked to ensure they were working properly. We did note that none of the weighing scales at the service had been calibrated to ensure that the readings provided were accurate. We spoke with the service regarding this matter, who told us that they would be contacting a specialist company in order for them to conduct calibration checks on the scales.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Emergency medicines were easily accessible and staff knew of their location. Records showed that these medicines were checked regularly to ensure they were safe to use. The service kept a defibrillator and oxygen on site, both of which were regularly checked to ensure they were safe for use.
- There was enough staff, including clinical staff, to meet demand for the service. We were told that on rare occasions staff from across the organisation could be asked to work in another Pure Sports Medicine location, however most clients would arrange appointments to ensure that they saw the relevant member of clinical staff that had been involved with their care.

## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. Each client had a written 'patient management plan' which detailed information needed to deliver care and treatment. This plan was available to relevant staff in a timely and accessible way. System based patient records contained test results, health assessments and treatment plans. We viewed a sample of these records and found that these had been completed to a satisfactory standard.

# Are services safe?

- The service asked new clients to complete a registration form before the first appointment with a clinician.
- We noted that there was a system in place to receive safety alerts issued by relevant government departments. These alerts were received by all heads of departments within the service, and disseminated by them to all relevant staff. The service manager also received these alerts.

## **Safe and appropriate use of medicines**

- There were no medicines held at the service with the exception of emergency medicines for use in a medical emergency. These were held in a secure area of the building. We noted of the medicines that we checked that they were all stored according to the manufacturer's guidance and were within date.
- Prescriptions were held in a safe place by the doctors and an audit of prescribing was done through auditing the service computer system.

## **Lessons learned and improvements made**

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report and discuss incidents

and near misses. On the day of inspection we viewed a significant clinical incident report which described what the service did when a client fainted after having medical procedure (conducted by a doctor) at the service. The report showed that the doctor called for help and monitored the client after they fainted and assisted the client once they woke. After further observation and before leaving the service, the client was given verbal post treatment advice and information sheet. The doctor in question contacted the client's registered GP to inform them of the incident and of their concerns raised regarding the clients health following the incident. The service followed up with the client later the same afternoon and again the following morning to ensure that they had fully recovered. The incident report was reviewed by the registered manager who was satisfied that the correct procedures had taken place. Although no learning was required, the event was shared amongst the clinical staff for them to take note.

- The provider had systems in place to support compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective services in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

When clients first approach the service, they are advised of which member of the clinical team they will see dependant on the service required. Clients are sent registration and medical information forms to complete, as well as information regarding seeing a clinician and consultation process by email prior to attending the service for a consultation. Clients are normally seen by a clinician within 48 hours of contacting the service.

- The service told us that they had systems to keep clinical staff up to date with current evidence-based practice. We saw that the doctors assessed needs and delivered care and treatment, and this was in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We saw evidence of this through viewing a set of patient notes in which the clinician applied evidence based medicine to decide the best course of treatment for the patient was physiotherapy and muscle strengthening training over key-hole surgery.
- The service had systems in place to keep all clinical staff up to date with new guidance. Staff had access to best practice guidelines and used this information to deliver care and treatment that met patient's needs. There were arrangements to monitor that these guidelines were adhered to through routine audits of records. The doctor we spoke with on the day of inspection provided evidence that he kept up-to-date with developments in the area of sports medicine through attendance at in-house clinical staff meetings and through subscription to journals with specific focus on sports medicine.

### Monitoring care and treatment

The provider reviewed the effectiveness and appropriateness of the care provided. All staff were actively engaged in monitoring and improving quality and outcomes.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

improve care and clients' outcomes. We reviewed a range of audits including one which focused on the use of physiotherapy on clients who were seen only once at the service.

- There were performance indicators in place for monitoring care and treatment, and the quality of consultations with patients was monitored through a clinical notes audit conducted by the head of department bi-monthly.

### Effective staffing

Evidence reviewed showed that clinical staff had skills and knowledge to deliver effective care and treatment.

- The service had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was also additional corporate training which provided staff with training on Pure Sports Medicine internal processes for specific job roles.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating doctors and other clinical staff at the service. Staff were entitled to up to five days for continued professional development. All staff files that we viewed had received an appraisal within the last 12 months.
- We saw a clear staffing structure that included senior staff and regional clinical leads to support all staff in all aspects of their role.

### Coordinating patient care and information sharing

The service shared relevant information with the client's permission with other services.

- The service would ask for permission (from the client) to inform their NHS doctor if a medicine or other similar treatment was prescribed as part of their treatment at the service.
- We saw that there was an audit trail in place for all clinical samples sent from the service for external testing. This trail ensured that the service was able to follow-up with the external testing service the results of testing conducted.

# Are services effective?

(for example, treatment is effective)

- The service held regular internal and external multi-disciplinary team meetings where best practice and individual clinical cases were discussed.

## Supporting patients to live healthier lives

The aims and objectives of the service were to provide the best treatment to clients to enable them to lead active lives.

- This was achieved through a process of assessment and screening and the provision of individually tailored advice and support to assist clients. Each client was provided with a detailed report covering the findings of their assessments, recommendations for how to manage the symptoms they currently were experiencing and action plan to reduce future re-occurrences of symptoms and to improve their general health and well-being.
- From our discussions with staff on the day of inspection, we saw the service encouraged and supported clients to become involved in monitoring and managing their health and discussed the care proposed or treatment options with clients as necessary. Staff were trained in providing motivational and emotional support to clients 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 clients regarding sports and musculoskeletal conditions and general health and

wellbeing advice. For example, we saw information was available which highlighted tips on weight-training and preventing the likelihood of developing shin splits. The website also gave information about specific up events taking place at Pure Sports Medicine. We saw listed under the events pages of the website a clinic for runners (previously examined by a doctor at the service) to receive a pain relief injection to the area above the knee to enable clients to complete the London Marathon.

## Consent to care and treatment

We found staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw that the service gained written consent from the client (or their representative if under 18) before treatment commenced.
- The service displayed in full, clear and detailed information about the cost of consultations, assessments, tests and further appointments. Prices are not displayed on the website, but prospective clients are informed of prices by reception staff or by email when they first contact the service to make an appointment.

# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

During our inspection we observed that members of staff were courteous and helpful, and treated clients with respect.

- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

The service had displayed our comment cards prior to our visit, but we received no feedback about the service experienced from these. Due to timings on the day of inspection, we were unable to speak with any users of the service.

### **Involvement in decisions about care and treatment**

Clients were involved in all aspects of the care and treatment provided.

- The written 'patient management plan' allowed the client to specify what their health goals were. This was

discussed with a clinical member of staff, who would be able to (following further consultation with the client) give a diagnosis of the clients' needs. An estimate of a recovery time as well as the next steps to achieving the identified goals was discussed.

- The service told us an interpreter service could be made available to clients who required one to understand what the service offered and to be fully involved in decisions concerning their care.

### **Privacy and Dignity**

- Staff we spoke with during the inspection understood and respected people's privacy and dignity needs. The service had arrangements in place to provide a chaperone to patients who needed one during consultations.
- The service complied with the Data Protection Act 1998.
- All confidential client/patient records were stored securely on computers. The information stored on the computers at Pure Sports Medicine was regularly saved to a remote location.
- Written information about clients was treated confidentially. All papers containing sensitive information was stored in secure lockable cabinets.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that the service was providing responsive services in accordance to relevant regulations.

### Responding to and meeting people's needs and access to the service

Services were tailored in response to patient need.

- Clients could contact the service in person, by telephone or by the service website.
- The service opened between the hours of 7am -8pm (Monday -Thursday), 7am-7pm (Friday) and 9am-3pm (Saturday). The week day opening hours of the service reflected the service awareness that many of its clients would come to the service either before work or after they had finished work.
- The service provided consultations to clients from the age of eight years and upwards (on a fee-paying basis). We were told that the service did not discriminate against any client group.
- The service was located in premises which were clean and accessible by all. The service was based on the 2nd floor within a complex of shops and eating establishments. There was access for wheel-chair based clients.
- 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 website was in English.
- Members of staff spoke English, Chinese, French, Arabic, German, Italian, Swedish, Greek and Afrikaans.
- The service provided all clients with 'The Better Journal' which is a journal devised for the client to record and track their health 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.

- Patients/client satisfaction surveys are conducted twice a year by the service. The surveys are conducted in order to gain client opinion on the facilities, customer service and clinical care provided. The results of the survey are used as benchmark to identify if there are areas within the service that may need improving.

### Listening and learning from concerns and complaints

The service had a system for handling complaints and concerns.

- There was a lead member of staff for managing complaints at corporate level and a second member of staff at local level.
- The service had a complaints policy which was in line with recognised guidance and provided staff with information about handling formal and informal complaints from clients.
- Information for clients about how to make a complaint was available in the waiting area of the service and on the services' website. We saw that information was available to help patients understand the complaints system. Contact details of other agencies to contact if a client was not satisfied with the outcome of the investigation into their complaint were also available.
- We reviewed one complaint from a client which focused on the issue of cancelling appointments. We found that the response to the complaint was satisfactorily handled and in a timely way.
- Complaints were discussed at the quarterly all staff meeting. The service received a low number of complaints and we saw evidence that these were shared and discussed at staff meetings as a standard agenda item.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that the service was providing well-led services in accordance to relevant regulations.

### Leadership capacity and capability

- The service is provided by Pure Sports Medicine who have six sites in London. All sites follow a corporate set of reporting mechanisms and quality assurance checks to ensure appropriate high quality care.
- Processes were in place to check on the suitability of and capability of staff in all roles. Staff in a range of roles told us that managers were approachable, listened and supported them in their roles and responsibilities.
- There was a clear leadership and staffing structure, and staff were aware of their roles and responsibilities. Staff we spoke with felt well supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with good training opportunities linked to their roles and responsibilities and professional development goals.

### Vision and strategy

- The service had a clear vision to give their clients best treatment in a safe and effective way so that their clients are able to lead active lives. The service had a business plan in place and used data collected from within the service to ensure that they were meeting identified performance indicators.
- Staff we spoke to were aware of and understood the vision of the service and their role in achieving the vision of the service.

### Culture

The service had a supportive culture towards staff and patients.

- Staff told us they supported and valued the work each other did. They told us they were comfortable discussing matters of concern with each other.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff were encouraged to open and honest at all times and there was a no-blame culture within the service. Staff told us they felt confident to report

concerns or incidents and felt they would be supported through the process. The service had a whistleblowing policy in place and staff had been provided with training in whistleblowing.

- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff (apart from those recruited within the last 12 months) had been appraised in the last year. Staff told us the organisation supported them to maintain their clinical professional development through training and mentoring. The management of the service was focused on achieving standards of excellence within the field of sports medicine and therefore provided the mechanisms for regular supervision with peer review and support for staff.

### Governance arrangements

The service had a number of governance arrangements in place.

- The service had a range of policies and procedures in place which were implemented by all staff. These were regularly reviewed and updated when necessary. These policies and procedures were available to all staff who knew where to access them if required.
- Systems were in place for monitoring the quality of the service and making improvements. This included the service having a system of performance indicators, carrying out regular audits, carrying out risk assessments, having a system for staff to carry out regular quality checks and actively seeking feedback from clients.

### Managing risks, issues and performance

- The service had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts and incidents.
- There was clear evidence of action to the quality of care provided. We saw evidence of this when we reviewed a set of clinic meeting minutes where staff were reminded to turn paperwork with confidential information face down so that clients at the service do not have the opportunity to view confidential information relating to the service.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- There was an effective process to identify, understand, monitor and address current and future risks. Risk assessments we viewed were comprehensive and had been reviewed. There were a variety of checks to monitor the performance of the service.

## **Appropriate and accurate information**

- The service had systems in place to ensure that all client information was stored and kept confidential.
- There were policies and IT systems in place to protect the storage and use of all client information. Business contingency plans were in place which included minimising the risk of not being able to access or losing client data.

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

Clients were actively encouraged to provide feedback on the service they received.

- Clients 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. The service conducted patient satisfaction surveys twice a year to as another tool to gauge client opinions of their experience of staff in different roles at the service. This feedback was used to see if there were any areas of the service which might require improvement.
- The service ran a number of public involvement evenings every two-three months. This was an

opportunity for clients to engage directly with staff at Pure Sports Medicine about their experiences at the service and to discuss with the staff any areas of research within the area of sports medicine and associated disciplines that they would like to gain further knowledge on.

- The service had also gathered feedback from staff through staff meetings, appraisals, staff satisfaction surveys and discussion. We were told that staff survey acted as a measure of staff engagement with aims and objectives of the service as well as an indicator of staff satisfaction.
- The service had a blog on its website which gave advice about getting the best out of training, case studies of client's fitness journey with Pure Sports Medicine and a list of upcoming events.

## **Continuous improvement and innovation.**

- There was a focus on continuous learning and improvement at all levels within the service. Both the
- Operations manager and service manager told us that all the staff at Pure Sport Medicine engaged regularly in ways to improve the service.
- The service had a bespoke data entry system which was used by all staff which allowed the service to code clients according to which clinical staff they saw, which treatments they received, follow-up consultations etc. The use of the system and codes provided the service with useful data collection for use with performance indicator management.