Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Institute of Sport Exercise & Health (ISeH)

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Date of Inspection: 10 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	HCA International Limited
Registered Manager	Mrs. Charlotte Tempest
Overview of the service	This clinic is a sports science and muscoloskeletal consultation and treatment service. It offers consultation, imaging and treatment for both private and NHS patients.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and received feedback from people using comment cards. We reviewed information given to us by the provider and took advice from our specialist advisors.

What people told us and what we found

People who used the service were very complimentary of the treatment and care they had received. One person told us they were 'very impressed', another told us the clinic was 'beautiful' and a third person remarked on 'how nice everyone was'.

We found that the provider had a strong system in place for gaining consent to treatment and that staff explained treatments clearly and straightforwardly to people who used the service.

Staff acted within the person's best interests to ensure that their care and welfare was of a high standard and they worked hard to ensure that needs were assessed effectively and that care was delivered based on this assessment.

We found that the systems in place ensured people's safety and that staff considered all aspects of safeguarding adults and children. People felt they were treated with respect and dignity.

The provider had a system of infection control training and practice that minimised the risk of infection to people and staff. People who used the service remarked particularly on how clean the clinic was.

The provider operated a system of quality assurance that ensured that all people who came into contact with the provider received good quality care. We also saw evidence that the provider made changes to the service based on feedback from people who had used the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We examined documentation and spoke to people who used the service about the way that staff explained the procedures they were having.

The documentation prior to consultation was thorough and clear. We spoke to nine people who used the service, who told us that they felt that they had had their course of treatment explained fully. One person who had used the service told us that 'Dr X was lovely, knowledgeable and very thorough'. Another person told us that staff 'told me what it was [the cause of pain] in a digestible form'.

The provider operated a three tier MRI (Magnetic Resonance Imaging) scanner. This scanner differed from the standard MRI scanner in that it was more powerful As a result of this, the list of conditions to consider prior to scanning differed from a conventional MRI scanner. The provider had ensured that people using the service had been informed of the difference in scanners and had consented to the scan with this knowledge in mind

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

When we spoke to people who used the service, all of them said that they had had options explained to them and felt fully informed about their choices. Discussions with people showed clearly that the provider was respecting the human rights of those who used the service. Those we spoke to were also very clear that they could refuse treatment at any point.

The provider treated young people over the age of 12 on an occasional basis. The provider told us that they always arrange a paediatric trained nurse to support the young person during any investigation. If a paediatric nurse was unavailable for any reason, the provider told us that the procedure was rescheduled. Staff we spoke to were very clear about the importance of consent being sought, and that included young people.

We discussed the issues around consent for people who may not speak English. The provider explained that for people who are referred by the the provider worked in collaboration with the referrer to ensure that an interpreter was booked. If an interpreter was not available, the person's appointment was rescheduled.

For people referred privately, often these referrals were made via a national embassy and staff told us they consulted the embassy prior to the appointment to explain the level of English required.

We spoke to a person who had used the service for whom English was not a first language. She told us 'I had no difficulty in understanding them, the doctor explained me A to Z '.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke to nine people who used the service. They told us that they felt well cared for and supported. One told us that 'it makes a lot difference being treated this way, they were excellent'.

People's needs were assessed, and care and treatment was planned and delivered in line with their individual treatment plan. We inspected four randomly selected patient records and found that assessments had been carried our prior to treatment. These assessments were thorough and looked at all aspects of the person's health including past medical history and any allergies they may have.

In addition to this we examined a range of risk assessments that had been written regarding various activities undertaken by the provider. One example of this was the acupuncture policy. This was easy to read and contained information on all parts of the process from assessment to conclusion. As part of the risk assessment people were asked about various medical problems, including any use of steroids.

By using a thorough assessment the provider was reducing the risk to people prior to the procedure. In addition to this the provider also offered advice to staff on possible complications and risks to staff from the relevant procedure, such as a needle stick injury. When we spoke to staff about these policies they told us that they found them helpful.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We spoke to the provider about how they worked with people for whom English was not their first language. The provider showed us a computerised clinic list, which was operated in conjunction with other providers, that included areas such as language barriers.

There were arrangements in place to deal with foreseeable emergencies. We examined the provider's emergency kit. This included resuscitation equipment for both adults and children, and an automated external defibrillator for treating those in cardiac arrest. This equipment was found to be in good working order and had been checked regularly. We saw evidence that clinical staff had received training in emergency care and the use of

emergency equipment.

Some of the procedures that the provider undertook carried a small risk of anaphylaxis, a life threatening allergic reaction. We examined the kit provided to staff to treat this condition rapidly and found it to be in good working order.

Fire evacuation signs were clearly visible throughout the building. The building had regular fire alarm checks and random fire evacuation practices. We saw evidence that any issues that arose during these evacuation simulations were acted on. One example of this was that during one practice a set of fire doors had failed to close automatically. We saw evidence that the provider had acted quickly to resolve this issue.

The provider was undertaking care and treatment that was well planned and considered the individual patient. We found documentation to be well organised and people who used the services had their care planned in a way that was non-discriminatory and efficient.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

When we spoke to people who used the service they were very complimentary about the service they had received. One person told us 'the staff were very polite' and another person told us staff were 'very helpful'.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke to staff about their understanding of potential risks to patients and safeguarding issues. All the staff we spoke to gave us clear and comprehensive explanations of what safeguarding was and their role in preventing and identifying potential abuse.

The provider had ensured that all staff had received training in both child and adult safeguarding that was appropriate to the level of care they were providing. The provider may wish to note however that this training was generic and no specific training had been undertaken in the unique safeguarding concerns that may occur in young people who are also elite athletes. Staff we spoke to told us that this type of training would be beneficial to help them in their role.

The provider responded appropriately to any allegation of abuse. The manager had undertaken training in investigating allegations of abuse. All staff had all undergone a disclosure and baring scheme (DBS) criminal records check prior to employment. The provider has a policy of suspending any member of staff who is accused of abuse until an investigation has concluded.

Staff we spoke to were very aware of the procedures and policies for both NHS and private patients. Crucially, they were able to identify the slightly different referral pathways for each patient group.

The provider had a policy of providing a paediatric nurse when any person under the age of 16 attended for an investigation or assessment. Staff we spoke to confirmed that this

person would act as chaperone if required.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

People were overwhelmingly complimentary about the appearance and cleanliness of the building. One person described it simply as 'spotless'.

We spoke to the staff about infection control and they told us they had received training within the last year regarding this. We saw written training records that supported this. The staff told us that they took cleanliness very seriously and more than one told us that it was their 'responsibility' to ensure the clinic was clean.

On the day of our inspection the clinical areas appeared clean and well organised. Floors were laminate and easily cleaned. There was no evidence of dirt collecting in corners of rooms and sink areas were clean with soap readily available for staff. Taps were all elbow operated, this meant that staff were able to wash their hands without contaminating the taps with dirty hands .

We examined the infection control policy and found it to be concise and easily accessible to staff. Staff we spoke to said they had read it and further questioning identified that this was the case. Next to the sink was well stocked gloves of various sizes and aprons, staff also followed a policy of 'bare below the elbow'. This practice was in evidence with every staff member we spoke to.
We also spoke to a member of staff whose responsibility it was to supervise cleaning. They told us that they had the correct equipment to clean effectively and that additional equipment had been ordered to aid the cleaning of the floor.

We saw evidence of a thorough cleaning rota and this had been signed by members of the cleaning team. The manager told us that they would discuss any areas that required extra cleaning or where cleaning had been sub-standard but they added 'I've never had to do that'.

The provider also conducts internal infection control audits undertaken by an external infection control specialist nurse. We saw the results of the last audit which were all very positive. Areas of practice which had fared less well had been identified and re-audited to ensure improvement.

The provider also stored a spillage kit to aid staff with the spillages of any chemical. Staff told us they had been shown how to use it. Decontamination of clinical equipment was confirmed with the use of a green sticker system which informed staff that decontamination had been completed.

Our observations in this area were also informed by the people who we spoke to who had used the service. One described the clinic as 'incredibly clean' and another described it as a 'different world' when compared to other health clinics they had used. Another person described the unit as 'clean, bright and lovely'.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider had been operating for less than a year so they had only conducted one full survey of people who used the service.

This survey was conducted via feedback forms and collated by an external company. We looked at the results of this survey and found them to be overwhelmingly positive. We saw comments such as 'absolutely brilliant' and 'very pleasant staff'.

This feedback very much tallied with the positive comments of people we spoke to on the day of our visit and showed the provider was well regarded by people who had used the service. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

There were negative comments on a couple of forms and we saw evidence that staff and the manager had made efforts to avoid repeats of the events described. When we spoke to staff we were told that they had all received feedback on the results of this survey and had been asked for ideas on how to improve the service. In this way the provider took account of complaints and comments to improve the service.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. When we spoke to staff they were very clear about their roles and responsibilities but also the importance of escalating problems to their manager. All staff we spoke to said they found their manager approachable.

The provider kept a record of all training that had been attended by staff. However the provider may wish to note that this training record did not show training that staff completed as part of the induction process. This meant the manager did not have a full record of training undertaken.

The provider offered treatment to both NHS and private healthcare patients and received

referrals from two main sources. We saw evidence that the provider maintained quality and consistency of approach by adopting one set of policies and not clinically differentiating between the two groups of patients. It ensured staff always worked to one set of clinical procedures.

Staff told us that they had received regular feedback on good performance and that positive comments from people who used the service formed part of a reward scheme that was operated by the provider. These comments also formed part of the staff appraisal process.

All the people who used the service said they would have felt comfortable complaining, though none had reason to do so.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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