

# Fylde Sports Injury Clinic

## Inspection report

Unit 8 Ground Floor, St. Georges Court  
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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 Fylde Sports Injury Clinic as part of our inspection programme. This was the first CQC inspection for this location.

Fylde Sports Injury Clinic is a private clinic that offers outpatient services for adults and children from approximately eight years old. The service specialises in musculoskeletal injury management and sports medicine. The clinic offers in-house diagnostic ultrasound and a wide range of guided injections, as well as other services such as physiotherapy.

Dr Duncan G Roberston 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.

Comment cards were not distributed to the provider prior to the inspection in order to minimise the risks associated with the COVID -19 pandemic. One patient attended the clinic on the day of our inspection.

## **Our key findings were:**

- The service was offered on a private, fee paying basis only and was accessible to patients who chose to use it. Patients were able to access care and treatment from the clinic within an appropriate timescale for their needs.
- Information for patients was comprehensive and accessible. This included information on the treatments available and the provider's fees.
- Systems and processes were in place to help keep patients safe including the maintenance of the premises, clinical equipment and the management of infection control, medication and clinical waste.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Systems, processes and records had been established to seek consent and to offer coordinated and person centred care.
- The provider was aware of current evidence-based guidance and they had the skills, knowledge and experience to carry out their role.
- Patients were encouraged to provide feedback and systems were in place to act on and learn from any complaints. Patient feedback was overall positive complimenting the service they received and the quality of care and treatment.
- Staff had access to ongoing training, supervision and appraisal.
- There were clear responsibilities, roles and systems of accountability to support good governance.

# Overall summary

**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 Fylde Sports Injury Clinic

Lancashire Sports Medicine Ltd is the registered provider.

Fylde Sports Injury Clinic is a private clinic that specialises in sports medicine and musculoskeletal injury management for both children and adults. Dr Roberston MBChB(Edin) MRCP DCH MSc PGCMskMedUS FCMI DFSRH FFSEMUK is the clinical director and registered manager for Fylde Sports Injury Clinic. He is a GMC Registered Specialist in Sports & Exercise Medicine.

The service is based at Unit 8 Ground Floor, St Georges Court, St Georges Park, Kirkham, Preston PR4 2EF. The clinic team consists of one doctor (the clinical director), a service manager / registered nurse, receptionist and a physiotherapist.

The clinic is open Monday to Thursday by appointment only. Urgent cases are seen by special arrangement. People are encouraged to email or call the clinic via telephone number: 01772 802200 or [info@fysicl.co.uk](mailto:info@fysicl.co.uk) for all enquiries or to make appointments.

Website: [www.fysicl.co.uk](http://www.fysicl.co.uk)

The service is registered with CQC to undertake the following regulated activities:

- Diagnostic and Screening Procedures
- Treatment of disease, disorder or injury.

### How we inspected this service

We carried out this comprehensive 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.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Requesting a provider information return and additional evidence from the provider prior to the site visit.
- Conducting staff interviews remotely using telephone calls.
- A shorter site visit to enable us to undertake a tour of the premises, interview the clinical director, review clinical records and other documents relating to the service.
- Further communications for clarification.

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 service had clear systems to keep people safe and safeguarded from abuse. There were systems to assess, monitor and manage risks to patient safety. Staff had the information they needed to deliver safe care and treatment to patients. The service had reliable systems for appropriate and safe handling of medicines. The service had a good safety record and had systems in place to learn and make improvements should things go wrong.

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. For example, in relation to the environment and the safe management of oxygen. It also had appropriate safety policies such as infection prevention and control, safety and suitability of premises and equipment and information governance which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The provider had systems in place to assure that an adult accompanying a child had parental authority.
- The service understood the need to work with other agencies when appropriate to support patients and protect them from neglect and abuse. Staff understood the steps required to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment. 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 staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones had received a DBS check, understood their role and responsibilities and were due to undertake training in this area.
- There was an effective system to manage infection prevention and control. The provider had undertaken a premises risk assessment which included consideration of the risks associated with legionella. Systems were in place to control potential risks such as weekly flushing of the water system and water testing.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing clinical waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. For example, in relation to disability access.

## **Risks to patients**

### **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.
- There was an induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections for example sepsis.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept there was an appropriate risk assessment to inform this decision.

## **Information to deliver safe care and treatment**

# Are services safe?

## **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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients provided contact details for their GP when registering with the service. Patient consent for sharing information with their GP was obtained when required.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- The provider made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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

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

- The systems and arrangements for managing medicines including emergency medicines and equipment minimised risks. The service kept all prescription stationery securely on a computer and monitored its use.
- When necessary, the provider prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept records of medicines. For example, in relation to emergency drugs and any prescriptions issued.
- There were effective protocols for verifying the identity of patients including children.

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

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

- There were comprehensive risk assessments in relation to safety issues. We looked at a range of these including environmental health and safety, oxygen, fire and sharps injury.
- The provider monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **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. The provider supported staff when they did so. We looked at one example in relation to a referral that was sent via secure email which contained an incorrect attachment. Appropriate action had been taken in response which included a review of policies and procedures.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons and took action to improve safety in the service.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had established a mechanism to receive, log and manage safety alerts relevant to the clinic. The provider maintained a data safety sheet which outlined the date of the alert, details of the safety issue and action taken.

# Are services effective?

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

The provider assessed needs and delivered care in line with current legislation, standards and evidence-based guidance. The service was involved in quality improvement activity. Staff had the skills, knowledge and experience to carry out their roles. Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence. The provider obtained consent to care and treatment in line with legislation and guidance.

## **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 provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate

## **Monitoring care and treatment**

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

- The service used information about care and treatment to make improvements.
- During May 2021, the provider produced a quality improvement document to enable the service to reflect on where they had started, progress to date and plans for the future. This covered a range of areas including infrastructure, equipment, information technology processes and policies and services. The document highlighted that there had been no single episode of either post injection or covid related infection since the clinic opened.
- The service made improvements where necessary through the use of completed audits. For example, we saw that the provider had established a programme of routine checks and clinical audits that were completed at different intervals throughout the year to monitor operational activity. Audits viewed covered areas such as infection control, waste management, healthcare records and injection outcomes to ensure treatments were effective and appropriate. We noted that several cycles had been completed for the infection control audit and two for the healthcare records.

## **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified for their role. The provider had developed an induction programme for newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council 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. Plans were in place to address any outstanding training needs.

## **Coordinating patient care and information sharing**

# Are services effective?

## **Staff worked together, and with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care.
- All patients were asked for consent to share details of their consultation with their registered GP when necessary.
- The provider referred to and communicated effectively with other services when appropriate. For example, with the patient's own GP.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider had risk assessed the treatments they offered.
- There were systems in place to ensure care and treatment for patients in vulnerable circumstances was coordinated with other services should the need arise.
- The service monitored the process for seeking consent appropriately.

## **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.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- The provider understood the requirements of legislation and guidance when considering consent and decision making. Written consent for injections was obtained from patients.
- The service supported patients to make decisions. Where appropriate, they would assess and record a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

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

Feedback from patients confirmed they were treated with kindness, respect and compassion. Staff helped patients to be involved in decisions about their care and treatment. Staff understood the needs of patients and respected their privacy and dignity.

## **Kindness, respect and compassion**

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

- Patients were encouraged to provide feedback on their experience via the clinic's website, informally and in writing. This was outlined in the clinic's complaints, concerns and feedback leaflet that was on display in the reception area.
- The service sought feedback on the quality of clinical care patients received. For example, we were provided with the results of a survey entitled 'Patient 360 feedback' following the service manager contacting 39 random patients via text. 16 patients responded to the survey which covered 11 questions. The questions covered areas such as standard of the environment and cleanliness of the clinic, reason for visit, standard of service received at reception, level of satisfaction with the time spent with the clinician, feedback on the knowledge and specialist skills of the clinician, interactions with patients and general comments etc. Overall feedback from patients was positive. A further survey was undertaken between May to July 2021. 40 patients were contacted and 19 people responded. Although some of the questions had changed, the results remained positive overall.
- Feedback from patients was positive about the way staff treated people.
- Staff had completed equality and diversity training and understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental 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.
- The service was able to produce patient information in easy read formats such as larger print, subject to individual need.
- Patients we spoke with and feedback shared with the provider via surveys confirmed they felt listened to and supported by staff and had sufficient staff during consultations to make an informed decision about the choice of treatment available to them. Patients were complimentary about how thorough the clinicians were.
- Staff communicated with people in a way that they could understand so they could make an informed decision. For example, the provider had produced a range of patient information, and had access to anatomical charts and models to help *explain* and articulate information to patients as clearly as possible.
- Links to a range of patient information had also been uploaded to the clinic's website. For example, patient information and complaints leaflets, information on treatments, how to access medical records and consent and survey results.

## **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.

# Are services caring?

- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

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

The service organised and delivered services to meet patients' needs. Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously, and procedures were in place to ensure they were appropriately investigated.

## **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 service was offered on a private fee-paying basis. It was accessible to people who chose to use it and who were assessed as suitable to receive treatment and procedures.
- The facilities and premises were appropriate for the services delivered. Consultations took place in a modern clinic environment with two well equipped consulting rooms. For example, the provider had invested in advanced diagnostic skeletal ultrasound equipment and biodex machines. A biodex machine is a multi-mode computerised robotic measuring instrument designed to measure muscle strength.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the clinic reception area, two consulting rooms and a disabled access toilet were located on the ground floor and there were parking bays located in front of the clinic building.

## **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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

## **Listening and learning from concerns and complaints**

### **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 available in the reception area and on the clinic's website. Staff understand how to handle complaints and the importance of treating patients compassionately.
- The service had a complaint policy and procedures in place.
- There had been no formal complaints for the clinic in the last 12 months however one patient had provided feedback on their experience with follow-up communication from an allied professional. Action was taken by the provider in response to the feedback.
- Systems were in place to enable the service to learn lessons from individual concerns and complaints in the event they should arise.

# Are services well-led?

## **We rated well-led as Good because:**

The provider had the capacity and skills to deliver high-quality, sustainable care. The service had a mission statement which outlined the standards patients should expect to ensure the delivery of good quality care. The service had a culture of high-quality sustainable care and there were clear responsibilities, roles and systems of accountability to support good governance and management. There were clear and effective processes for managing risks, issues and performance. The service engaged with staff and sought patient feedback and there was evidence of systems and processes for learning, continuous improvement and innovation.

## **Leadership capacity and capability;**

### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- The provider was knowledgeable about issues and priorities relating to the quality and future development of the service. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of 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.**

- The provider had developed a clear mission statement which outlined the expected standards of service for patients. This was to “Provide the highest quality of care to patients from all backgrounds, levels and age-groups, presenting with musculoskeletal (msk) injuries, sports medicine related problems, chronic msk pain, sports injuries and any illnesses with symptoms related to the exercising of the msk system or joints. In addition, Fylde Sports Injury Clinic Limited uses all patient contacts to promote the benefits of activity and promote a return to fitness and sport for injuries exercisers and athletes”
- The provider had produced a quality improvement document and was able to clearly articulate the ongoing aims and objective of the service and future succession plans.
- Staff were aware of and understood the service’s mission statement and their role in achieving the service mission and standards.
- The service routinely monitored service performance through internal and external audit.

## **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.
- The provider demonstrated a positive commitment to the management of any incidents and /or complaints should they arise.
- Health and safety matters were a standard agenda item in meetings and were continually kept under review as part of the provider’s auditing programme.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

# Are services well-led?

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and staff reported they were treated with respect and appropriately to their needs and personal circumstances.
- There were positive relationships between staff.

## **Governance arrangements**

### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- The service was delivered by a sole provider. They had a good understanding of the required accountability and governance processes to ensure safe care and treatment.
- Staff were clear on their roles and accountabilities.
- The provider had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful. For example, the provider had undertaken an audit of injection outcomes to monitor the effectiveness of treatment and to reflect on patient outcomes.
- The provider submitted data or notifications to external organisations as required. The provider was knowledgeable regarding what issues were required to be notified to the CQC.
- 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 provider routinely sought feedback from staff and patients to ensure the ongoing development of the service and continuous improvement.

## **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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. For example, the provider routinely monitored the outcome of joint injections, feedback from patients and significant events and took action to make any necessary improvements.
- 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.

# Are services well-led?

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

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

- The service was transparent, collaborative and open about performance.
- Staff could describe to us the systems in place to give feedback. For example, via staff clinic meetings, ongoing informal discussions and appraisals.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The provider had undergone re-validation via the GMC and we saw evidence of training and development
- The provider encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the provider was able to articulate their plans for the future development of the service and had attended a meeting with a marketing executive, to explore ways to advertise the clinic and increase awareness of the services offered.