Crystal Palace Sports Injury Centre

Inspection report

Crystal Palace National Sports Centre
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Date of inspection visit: 15 December 2021
Date of publication: 07/01/2022

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 Crystal Palace Sports Injury Centre on 15 December 2021 as part of our inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Crystal Palace Sports Injury Centre is part of a chain of physiotherapy clinics situated within London.

Vita Health Solutions Limited is part of Vita Health Group which comprises of three areas of provision in the NHS, corporate and private markets specialising in the treatment of musculoskeletal and mental health conditions.

The clinic provides a Sport and Exercise Medicine (SEM) consultant led care with the support of Advanced Practice Physiotherapists (APP) and provides immediate treatment of pain and sports injury through lifestyle changes and preventative exercise for complete physical and mental well-being. The clinic provides the services including physiotherapy, shockwave therapy, massage, acupuncture, pilates, fitness classes, assessment and treatment for dizziness, balance and vestibular disorders.

The National Clinical Lead for the service is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

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

Overall summary

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

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

- Consider audits of consultations of Sports and Exercise Medicine consultants.

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**.**

Background to Crystal Palace Sports Injury Centre

Crystal Palace Sports Injury Centre has been operating since July 2017 from its registered premises at Crystal Palace National Sports Centre, Ledrington Road, London SE19 2BB. It is registered by the Care Quality Commission to provide the regulated activities diagnostic and screening procedures and treatment of disease, disorder or injury. The clinic occupies the ground and first floor and is accessible at street level. The clinic has consultation rooms, treatment rooms, a patient waiting area, a gym, changing facilities and staffing areas.

The clinic provides pre-bookable appointments for adults and children (over the age of 16) for sports related concerns, injuries and advice. Initial consultation physiotherapy appointments are 45 minutes, follow up appointments are 30 minutes and appointments with the sports and exercise medicine consultant are 30 minutes.

Following an initial triage, patients would either be treated by a rehabilitation therapist, physiotherapist or an Advanced Practice Physiotherapist (APP). The APPs refer complex patients who require a second opinion or a specialised procedure to the Sports and Exercise Medicine Consultant who does a review, treatment or an onward referral.

Patients seen at the service are either private patients or patients commissioned by the National Health Service.

The service is available Monday-Thursday 8am to 8pm and Friday 8am to 4pm.

How we inspected this service

During our inspection we:

- Spoke with the National Clinical Lead, the reception manager and a receptionist remotely through video conferencing.

During our site visit we:

- Spoke with staff (the Sports and Exercise Medicine Consultant, the National Clinical Lead, Musculoskeletal Clinical Lead and Head of Governance).
- 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.

Good

Are services safe?

We rated safe as Good because:

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

Safety systems and processes

- The service had clear systems to keep people safe and safeguarded from abuse.
- The service conducted risk assessments. It had a number of safety policies which were regularly reviewed. These policies were accessible to all staff.
- The service had systems to safeguard vulnerable adults and children from abuse. The National Clinical Lead was the designated safeguarding lead for the service. The provider had safeguarding policies and protocols; however, the local and organisational lead names for safeguarding and contact details for the local safeguarding team were not included in the safeguarding policies. During the inspection the provider informed us that local and organisational lead names were available on service intranet and that staff had to raise safeguarding concerns to their local leads who would complete a safeguarding form and send it to the organisational safeguarding leads for investigation and action; staff we spoke to during the inspection confirmed this process and were able to give us an example of a safeguarding concern that was investigated and acted on. The provider informed us that they had monthly safeguarding leads meetings where they discussed cases across the organisation.
- The provider sent a quarterly safeguarding bulletin to all members of staff within the organisation. The bulletin included monthly themes such as domestic abuse, prevent and financial abuse and also included an introduction to the safeguarding leads within the organisation.
- All staff understood their responsibilities and had received safeguarding training relevant to their role; non-clinical staff were trained to safeguarding children and vulnerable adults level two; clinical staff were trained to safeguarding children and vulnerable adults level three; safeguarding leads were trained to safeguarding children and vulnerable adults level four.
- The service only saw patients over the age of sixteen.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had recruitment procedures to ensure staff were suitable for the role and to protect the public. The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. We looked at staff recruitment files for two clinical and one non-clinical member of staff and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. The provider's policy was to request Disclosure and Barring Service (DBS) checks for all staff working in the service. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The service had professional indemnity insurance in place that protected the medical practitioners against claims such as medical malpractice or negligence.
- Chaperone services were available on request; this information was displayed in the reception area. All staff who chaperoned received training and had a DBS check.

Infection Prevention and Control

Good

Are services safe?

- The provider had infection prevention and control (IPC) champions in place who had dedicated time each month to undertake IPC related activities including environmental audits, hand hygiene audits, reporting on governance, quality and risk group meetings, challenging clinicians, opening discussions and follow up on actions. The provider informed us that this had provided a learning opportunity for all staff involved as well as reassurance during the COVID-19 pandemic; they told us this had been received positively by the team involved as well as the clinicians on the frontline.
- The premises were clean and tidy. The provider had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. They undertook weekly and monthly infection prevention and control and COVID-19 audits covering the environment, waste management, sharps, decontamination and hygiene process and acted on identified concerns.
- We saw sharps bins in the consultation rooms were securely assembled and dated and were not over-filled. Staff had access to a sharps injury policy which provided staff with quick access to information on the steps to be taken in the event of a sharps injury.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. A cleaning schedule was in place and there were systems for safely and appropriately managing healthcare waste.
- The provider had considered relevant health and safety and fire safety legislation and had carried out appropriate risk assessments covering the premises, patients and staff.

Risks to patients

- Staff understood their responsibilities to manage emergencies whilst with patients and to recognise those in need of urgent medical attention. The service only kept adrenalin for injection (a medicine used to treat anaphylaxis or acute angio-oedema) and did not stock any other emergency medicines and they had not assessed the risk this may pose. After we raised this issue with the provider, they undertook a detailed risk assessment for not stocking other emergency medicines and sent us evidence to support this the day following the inspection; we reviewed the risk assessment and found it to be appropriate.
- We saw medicines were checked regularly to ensure they were safe to use.
- There was enough clinical staff to meet demand for the service. Service users could book appointments at a time suitable to both them and the appropriate clinical member of staff. There were systems to assess, monitor and manage risks to patient safety.
- There were arrangements for planning and monitoring the number and mix of staff needed. The provider informed us that waiting times for patients were monitored and reported on a weekly basis. The provider indicated that waiting times for joint injection clinics was an issue and they had made operational changes to these clinics and this had reduced the waiting times significantly. The provider informed us they were planning to recruit a locum advanced practice physiotherapist to improve access to joint injection clinics.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment.

- Staff had the information they needed to deliver safe care and treatment to patients.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was subject to patient consent.
- We saw evidence that clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

Good

Are services safe?

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

- The systems and arrangements for managing medicines, emergency medicines and equipment minimised risks.
- The service kept emergency medicines and injectable medicines on site in medicine fridges. The service maintained a daily log of daily fridge temperatures and these were within the recommended range for the medicines being stored.
- There was a robust system for recording and monitoring the use of injectable medicines. These were held in a secure area of the building. The service also kept a defibrillator on site. The service had a process in place for checking the medicines and defibrillator on site to ensure they were all stored according to manufacturer's guidance and were within date. The medicines and defibrillator that we checked were in date.
- Staff who prescribed medicines to patients, gave advice on medicines in line with legal requirements and current national guidance.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- The service was operating from rented premises and maintenance and facilities management was shared by the landlord and the tenant.
- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- We saw evidence the fire alarm warning system was regularly maintained by the landlord. A weekly fire alarm warning system test was undertaken and logged. The provider indicated that fire evacuations were undertaken every six months by the landlord; however, they did not maintain records for the fire evacuations. Following the inspection, the provider obtained fire evacuation records from the landlord and sent us evidence to support this.
- We saw various risk assessments had been undertaken for the building, including health and safety, Control of Substances Hazardous to Health (COSHH), Legionella and fire.
- Portable appliance testing (PAT) for the premises and calibration of the medical equipment was undertaken annually.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events; the provider undertook a detailed root cause analysis of each significant event. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. The service told us that they had five significant events in the past 12 months. Staff we spoke to were able to give an example of an incident or a significant event.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence. This was achieved by completing the service incident report form.

Good

Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The head of governance was responsible for reviewing the relevance of alerts and disseminating them to staff for action. During the inspection we saw examples of safety alerts being actioned.

Good

Are services effective?

We rated effective as Good because:

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The service had systems to keep clinical staff up to date with current evidence-based practice. We saw (through patient notes we viewed) that clinicians assessed needs and delivered care and treatment in accordance with current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and the Faculty of Sport and Exercise Medicine UK guidelines.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information based on patient history and conversations held with patients to make or confirm a diagnosis and to follow through with relevant and patient-specific treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service used information about care and treatment to make improvements. The service made improvements through the use of audits. Audits had a positive impact on quality of care and outcomes for patients. We noted that the service had conducted both clinical and quality improvement audits. For example, the service undertook regular audits on clinicians carrying out corticosteroid injections which included a review of their clinical notes and observed injections. A sample of 10 clinical notes for each injecting clinician were audited and individual feedback was provided to the clinicians. The provider also undertook regular serious diagnosis audits, blood test referral audits and radiology referral audits.

- The provider undertook an audit of to ascertain if clinicians were following the British Institute of Radiology (RIR) guidance for non-medical referrers when arranging ionizing radiology investigations. The provider identified that out of 12 clinicians audited only three had the Ionising Radiation (Medical Exposure) Regulations training in the last three years. The provider found that BIR guidance was mostly followed; they found that the Magnetic Resonance Imaging (MRI) safety questions were asked for 97% of patients audited and that 100% of referral rejections were fed back to clinicians and were appropriately managed. They found that 72% of MRI referrals were clinically justified and the remaining 28% were questionable. Following the audit, the provider had devised a number of recommendations and this audit was included as part of their programme of quarterly audits. In subsequent audits they found that all clinicians were appropriately trained and compliance to BIR guidance had significantly improved and most of the MRI referrals were clinically justified.

The provider did not undertake a review of clinical notes for the sports and exercise medicine consultant working at the service; the provider informed us they were planning to start auditing this consultant soon and had developed an audit tool and sent us evidence to support this.

Good

Are services effective?

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The provider had monthly mandatory training topics for staff; staff were encouraged to complete the monthly training topic and compliance to mandatory training was monitored by their learning and development team.
- The provider had a clear development pathway for clinical staff working at the service.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. We were told that if a patient consented, their regular GP would be informed of treatment received. During the inspection we saw evidence of letters being sent to the patients GP.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients would be signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Through the process of patient consultation, clinicians could give people advice, so they could self-care after consultation.
- Where a patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider monitored patient outcomes between admission and discharge.
- From our discussions with staff on the day of inspection, we saw the service encouraged and supported patients to become involved in monitoring and managing their health and discussed the care proposed or treatment options with patients as necessary.
- The Vita Health Group website contained a variety of information for patients including self-help guides to help manage common musculoskeletal conditions.
- The provider had online exercise and wellbeing classes presented live by qualified physiotherapists which had been designed for both physical and mental well-being. Anyone could visit their online class website, select a time and make a booking for these classes.

Good

Are services effective?

- The provider offered a range of workshops and digital training modules in improving the health, safety and well-being of employees. These courses were designed to address stress, anxiety, depression and musculoskeletal disorders.
- The provider also offered ergonomic and workstation assessments and free webinars on mental health advocacy.
- They provided workshops and courses on mindfulness, work life balance, stress and resilience and bullying and harassment.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision and it was noted on the clinical records system.
- The service monitored the process for seeking consent appropriately. Clinical records were periodically checked to ensure that consent was noted on patient records.

Good

Are services caring?

We rated caring as Good because:

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients shared by the provider was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. This could be arranged in advance of a consultation.
- Feedback from patients shared with us by the provider indicated that the patients felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. The length of physiotherapy appointments varied dependant on the service they required. For example, initial consultation appointments were 45 minutes and follow up appointments were 30 minutes; appointments with the sports and exercise medicine consultant were 30 minutes.
- Since the COVID-19 pandemic the provider offered video consultations which made it easier for patients who could not attend in person.
- The provider also introduced a digital triage tool for patients during the pandemic.
- The facilities and premises were appropriate for the services delivered.
- The service was located on the ground and first floor, the clinic did not have a lift, but we were told that patients who had mobility impairments would be seen on the ground floor.
- Patient security had been considered and the waiting area was visible from the reception area.
- Patients could contact the service in person, by telephone and through the service website.
- Patients seen at the service were either private patients or patients commissioned by the National Health Service.
- We were told that the service did not discriminate against any person wishing to register with the service.
- The service website listed all clinical services available, staff members at each of its locations, opening times and an online appointment booking system for patients. The fees for the services were available when booking for an appointment and information regarding medical insurance payments and other details were included in the frequently asked questions section of the website.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

The service opened between the hours of 8am and 8pm Monday to Thursday and between 8am and 4pm on a Friday. The weekday opening hours of the service reflected the service's awareness that most patients would come to the service either before work, during lunchtime or after they had finished work.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Good

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was displayed in the waiting area and available on their website; however, there was no complaints leaflet available. We were told that if any complaints were to be made to the service, the complainant would be treated compassionately and the complaint in confidence. There was a lead member of staff who was responsible for dealing with complaints.
- The service had a complaint policy and procedures in place. The service told us they would learn lessons from individual concerns and complaints to improve the quality of care provided. The provider had received 54 complaints in the last 12 months for all the clinics in the service; however, they had not received any complaints in relation to the sports medicine service. We reviewed two complaints received in relation to their physiotherapy service and found their responses to the complaints were satisfactorily handled and in a timely way and evidence the service adhered to the duty of candour principles; however, the response letter did not include any escalation information for patients to contact if they were not satisfied with the response from the provider.

Good

Are services well-led?

We rated well-led as Good because:

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. The provider has seven sites in London including the Crystal Palace site. All sites followed a corporate set of reporting mechanisms and quality assurance checks to ensure appropriate high-quality care.
- Leaders at all levels were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities. The service aim is to make people better, by providing integrated physical and mental health services.
- The service developed its vision, values and strategy at a corporate level which was disseminated across the organisation.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff had access to an employee assistance programme and a confidential support line.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had monthly one to one meetings with their line manager which served as a wellbeing and performance check. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff had an evaluation of their clinical work by internal colleagues.
- There was a strong emphasis on the safety and well-being of all staff.

Good

Are services well-led?

- The service actively promoted equality and diversity. The provider created a Equality, Diversity and Inclusion (EDI) group in the last year following staff feedback; this was aimed at raising awareness and competency around EDI across the wider business, improving staff experience and outcomes, providing access to expertise and support and to improve patient access and experience. Under the umbrella of EDI, the provider had subgroups including diverse-ability group, LGBTQIA+ group and Women in Vita group. The following are some of the educational topics from these groups: health inequalities for transgender populations, microaggressions, women's health/menopause. Recent quality improvement initiatives from these groups were: Equality Impact Assessment training, IVF policy development, women's leadership apprenticeships, improved interview panel diversity/representation.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all staff. We were told that staff members supported each other and were encouraged by senior leaders to do so.
- The provider had performed a personality and work styles profiling for staff and they were categorised into different groups; the provider informed us that this had helped them to understand staff personalities and use their staff effectively by creating teams with different skill sets.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- The service had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were reviewed regularly. The service had a business continuity plan which would be put into action in the event of the service not being able to operate as normal.
- The provider held monthly Governance, Quality and Risk Group meetings where they discussed patient feedback, complaints, incidents, mandatory training, reviewed their risk register, project updates, administrative audits, clinical audits and clinical updates.
- The provider also held weekly business governance meetings where they discussed key performance indicators and performance in relation to administration and clinical activities, transformation and human resources.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Leaders and the service leads had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Good

Are services well-led?

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

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The provider collected regular patient feedback through the Friends and Family Test. Data for October 2021 indicated that 85% of patients using the service were satisfied with the service and would recommend this service to their friends and family. The provider performed a thematic analysis of negative feedback received through this survey and had made changes to the service. The provider had made the following changes in response to patient feedback, new signage for clinics, information sent prior to appointments, piloting shared decision-making tools to improve discussion on outcome of care and improved their system to manage imaging and booking time to discuss the results.
- Staff could describe to us the systems in place to for staff to give feedback. Feedback from staff usually occurred at one-to-ones or at staff meetings. The provider held weekly service meetings for all members of staff where they discussed referral volumes and wait times, operations updates, recruitment and capacity, customer service and administrative updates, complaints, incidents, patient feedback and clinical updates.
- The provider undertook regular staff surveys and obtained their views and made improvements. The provider informed us that a recent staff survey indicated low staff energy levels; the provider had made the following changes: increased annual leave provision for staff, enhanced sick pay, provided access to mental health advocates, flexible working and behavioural health solutions provision to colleagues. The provider informed us that at a local level staff had expressed concerns around personal safety; the provider had made the following improvements: provided personal alarms, reviewed the lone working policy, sent emails to colleagues about how to keep safe outside of work and had ongoing discussions around keeping safe in other networks.
- The provider indicated that staff had concerns about the patient management system in regard to efficiency and functionality; this prompted a move to a new patient management system which was expedited and launched in a six-month window and was fully functional in November 2021. Staff we spoke to during the inspection indicated that the new system was user intuitive and better than their previous patient management system.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The provider undertook a pilot on an online physiotherapy triage tool and rolled it out to the organisation. They envisaged that this tool would be equivalent to the 20-minute PhysioDirect phone call which was delivered by senior physios in the service. The provider developed and adjusted this tool to fit their service model and piloted the tool during January and March 2021. After the pilot the provider reviewed their findings, remodelled their pathways to use this tool as an expert triage tool. The provider informed us that they introduced a rehabilitation therapist pathway to manage their exercise programme needs either one to one, group or remotely and this had largely been successful.

Good

Are services well-led?

The provider informed us that from August 2021 this tool was rolled out for use in all their clinics increasing the volume of referrals managed through this triage tool. The provider had plans to develop this tool for patients who required urgent physiotherapy review; which they hoped would increase the volume of patients using this tool. They envisaged that eventually 60 to 70% of their self-referrals would use this tool as a first line of registration, access and triage.

- The provider developed a model of remote supervision for First Contact Physiotherapy Practitioners (FCP) to ensure they were meeting the required standards; a consultant Advanced Practice Physiotherapist (APP) was able to 'remote in' to observe live sessions, provide video call reviews of case based reflections and work with the FCPs on building their competencies against the published framework. The provider informed us that this had been incredibly successful with their teams gaining great benefit from the supervisor's expertise which they could not have sourced locally.
- The provider introduced streamlined injection clinics where service users were booked in specifically for an injection having been screened thoroughly beforehand. An injecting therapist did a brief reassessment and consenting process whilst a development physiotherapist prepared the trolley and the medication for use. The provider informed us that this process allowed them to reduce the appointment times to 20 minutes which meant a much larger volume of injections could be delivered by the same number of therapists in the service; they told us this improved their capacity by 50%. The provider informed us that the next phase would involve an administrator assisting with these clinics and a mixed model of clinicians and administrators assisting in the clinics was likely to be developed; this would optimise efficiency and would serve as a development opportunity for administrators.

Vita Health Group had won two Health Investor awards in 2021 for their contribution to healthcare during COVID-19. They were awarded 'Primary Care Provider of the Year' for mobilising four large NHS primary care mental health services during COVID-19 and were awarded 'IT Innovator of the Year' for their commitment to using technology to increase access to mental health care and support.