Abbey Fertility Clinic

Inspection report

Unit 6, Telford Court
Dunkirk Trading Estate, Chester Gates, Dunkirk
Chester
CH1 6LT
Tel: 08006891317

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Date of publication: 11/09/2023

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 Abbey Fertility Clinic on 8 August 2023 as part of our inspection programme.

Abbey Fertility Clinic is a private healthcare service providing assessment and treatment for people undergoing assisted conception. The service is not required to hold a licence with the Human Fertilisation and Embryology Authority (HFEA). Patients who require services that are registered with the HFEA are referred to other HFEA registered services in the region.

The service is registered with CQC under the Health and Social Care Act 2008 in respect of some 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 Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service has a designated registered manager, Mr R Gazvani who is also the clinical lead. 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:

- The service provided care in a way that kept people safe and protected them from avoidable harm.
- People who used the service received effective care and treatment that met their needs.
- Staff dealt with people who used the service with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet the needs of people who used it. People could access care and treatment in a timely way.
- Staff reported a good culture and systems were in place for quality control and governance.

Whilst we found no breaches of regulations, the provider **should** make the following improvements:

- Carry out a formalised risk assessment to determine the range of emergency medicines and the equipment required for responding to medical emergencies.
- Introduce a formal process for ensuring people who use the service are aware of the arrangements for data protection.
- Develop the infection prevention and control audit to include arrangements for cleaning specific equipment.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team included a second CQC inspector and a specialist adviser.

Background to Abbey Fertility Clinic

Abbey Fertility Clinic is a private healthcare service registered with the Care Quality Commission since 31 May 2022 to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury.

The service address is:

Unit 6, Telford Court

Dunkirk Trading Estate, Chester Gates, Dunkirk

Chester

CH1 6LT

The Registered Provider is Reproductive Medicine and Gynaecology Associates Limited.

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.

The clinic provides private fertility healthcare to assist conception for people over the age of 18 years. Services provided include: consultation and assessment of fertility status, In vitro fertilisation (IVF), assessment of recurrent IVF failure, controlled ovarian stimulation, pre and post egg implantation consultation and ultrasound scanning. People who use the service are referred to one of two other services registered and regulated under the Human Fertilisation and Embryology Association (HFEA) for egg collection and implantation and for any required endometrial biopsy. A percentage of patients also choose to be referred to an overseas service for egg donation IVF.

The service is run from self-contained premises that comprises a consultation room, two clinical treatment rooms, a reception area and an administrative office. The premises are fully accessible and provide facilities for people who are physically disabled.

The service is open from 8am to 5pm Monday to Friday. Appointments are provided Tuesdays from 6pm to 9pm.

The service website is available at; pav@abbeyfertility.co.uk and the range of services provided can be viewed on the provider's website.

The service lead clinician is Mr Gazvani who is a consultant gynaecologist and subspecialist in reproductive medicine and surgery. Mr Gazvani is also the CQC registered manager. The staff team includes a clinic manager and a receptionist /administrator.

How we inspected this service:

Our inspection team was led by a CQC lead inspector and included a second inspector and a nurse specialist adviser.

Prior to the inspection we reviewed a range of information including the provider's

information request (PIR) completed by the service. During the inspection visit we carried out a tour of the premises and facilities, we looked at procedures in place, we viewed a range of records including the patient record system and we spoke with members of the staff and management team.

To get to the heart of peoples' 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 service provided care in a way that kept people who used the service safe and protected them from avoidable harm. Risks were assessed and managed.

Safety systems and processes

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

- The provider had a range of safety policies which had been communicated to staff. These were reviewed on a regular basis.
- Policies and procedures were in place to safeguard children and vulnerable adults from abuse. These included details as to the types of abuse, procedures in place to prevent abuse and details of the local agencies to refer to in case of suspected abuse.
- Treatment was offered to those aged over 18 years of age and no children were treated by the service.
- The provider carried out checks on staff at the time of recruitment. This included Disclosure and Barring Service (DBS) checks. (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).
- Staff had been provided with up-to-date safeguarding and safety training appropriate to their role.
- Staff who acted as chaperones were trained for the role and had undergone a DBS check.
- Infection prevention and control measures were in place and audits were carried out to ensure standards were maintained. The audits did not include auditing of the arrangements for cleaning specific items.
- Cleaning schedules were in place and checks on cleanliness were carried out on a regular basis.
- There were appropriate arrangements for the management of healthcare waste.
- The premises and equipment were safe and appropriately maintained.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service.
- A Legionella risk assessment had been carried out (Legionella is a particular bacterium which can contaminate water systems in buildings) and regular water temperature checks were being carried out.
- A fire risk assessment had been carried out and appropriate fire-fighting equipment was located within the premises. This was regularly serviced and maintained.
- Staff had undertaken fire safety training and had participated in a fire drill.
- The provider ensured that the facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- We reviewed records to confirm that electrical equipment had undergone portable appliance testing.

Risks to people who use the service

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.
- Staff had been provided with training in managing emergencies.
- There was a business continuity plan in place in case of major disruptions to the service.
- Medicines and equipment to deal with medical emergencies were in place and checked regularly. The provider told us they had determined the range of emergency medicines required based on an assessment of risk and the nature of the services provided. However, a documented/formalised risk assessment was not in place.
- Staff had been provided with training in basic life support.

Good

Are services safe?

- A risk assessment had been carried out in relation to the environment to ensure the premises were safe and appropriately maintained.
- Health and safety checks were carried out on a regular basis.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to people who used the service.

- The provider utilised a password protected, electronic system to ensure consistency and security of clinical record keeping.
- Paper-based records were stored securely in locked cupboards.
- The provider told us that medical records would be maintained in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Individual patient records were written and managed in a way that was accessible and supported the assessment of patient needs and planning their care. We noted a new proforma was in place on the records for some of the people who used the service. This clearly documented information about the person's medical history, known allergies etc. The provider was in the process of introducing this for all people who used the service.
- Systems were in place for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians 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 systems for the appropriate handling of medicines.

- The arrangements for managing medicines minimised risks. There were arrangements for the safe handling of medicines. Processes were in place for the safe prescribing of medicines and staff kept appropriate records of medicines prescribed.
- Staff prescribed, medicines to people who used the service and gave advice on medicines in line with legal requirements and current national guidance.
- The majority of medicines were provided by prescription that was forwarded to pharmacy. A small number of medicines were stored at the clinic. These were stored appropriately and checked on a regular basis.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- There were protocols for verifying the identity of people who used the service.

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.
- Staff told us they felt confident to raise issues and felt that they would be supported if they did so.
- The provider was aware of the requirements of the duty of candour. Staff told us they felt the provider encouraged a culture of openness and honesty.
- The service acted on patient and medicines safety alerts.

Good

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in place to support the management of health and safety within the premises.
- The service monitored and reviewed activity. The provider understood risks and gave an account of how these were managed.

Good

Are services effective?

We rated effective as Good because:

The provider assessed needs and delivered care in line with relevant and current evidence-based guidance. People who used the service received coordinated and person-centred care. Staff were supported in their roles and responsibilities.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance as relevant to the service.

- Clinical services were provided by the registered person who is a consultant gynaecologist and subspecialist in reproductive medicine and surgery.
- Peoples' needs were assessed and they were provided with information to make an informed decision about their treatment.
- Clinicians had enough information about the test results for people who used the service to make or confirm a course of action.
- We looked at the care and treatment provided to a sample of people who were using the service and this was in line with current guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service ensured they provided information to support patients' understanding of their treatment, including pre and post-treatment advice and support. We saw that the service provided a series of comprehensive information leaflets for patients.
- Referrals were made to relevant specialist services for activities that were not provided at Abbey Fertility Clinic. These were made to services that are regulated by the Human Fertilisation and Embryology Authority (HFEA).

Monitoring care and treatment

The service carried out quality improvement activity.

- The provider reviewed the effectiveness of the care and treatment provided. Clinical audits had been carried out into pregnancy rates and the outcomes of treatment. A re-audit was scheduled to be carried out later in 2023. This included the consideration of themes from National Institute for Health and Care Excellence (NICE guidance).
- A laboratory results audit was scheduled to be undertaken as part of a future programme of audits.
- Other non-clinical audits included: a patient record audit, telephone access audit and waiting times audit.

Effective staffing

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

- The provider had an induction programme for newly appointed staff.
- Staff were encouraged and given opportunities to develop. The provider understood the learning needs of staff and provided training to meet them.
- Staff were required to undertake regular mandatory training in topics such as; Information governance and confidentiality, fire safety, equality and diversity, infection prevention and control, basic life support, moving and handling, complaints and safeguarding.
- Staff training was linked to their roles and responsibilities and their competencies were checked on a regular basis through a system of appraisal.

Good

Are services effective?

Coordinating patient care and information sharing

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

- People who used the service received coordinated and person-centred care. Staff referred to and communicated effectively with other services where appropriate.
- Before providing treatment, people who used the service were required to provide details of their medical history to ensure care and treatment was provided appropriately. Clinicians therefore had adequate knowledge of people's health and previous medical and medicines history.
- Information pertaining to people who used the service was shared with their consent. People were asked for consent to share details of their consultation and any medicines prescribed with their registered GP if this was deemed to be required.
- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- People who used the service were provided with information about counselling and support services.
- Staff referred to, or signposted people who used the service to relevant services for their treatment and communicated with other services when appropriate.

Supporting people to live healthier lives

Staff supported people who used the service to manage their health.

- Where appropriate, staff gave people who used the service advice so they could self-care.
- People who used the service were provided with information about procedures, including the benefits and risks of treatments provided.
- Where the needs of people who used the service could not be met by the service, staff could redirect 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.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent.
- Information pertaining to people who used the service was shared appropriately (this included when people 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.

Good

Are services caring?

We rated caring as Good because:

People received care and treatment in a caring manner from staff who treated them with kindness and respect. Feedback from people who used the service was positive about the way staff treated them.

Kindness, respect and compassion

Staff treated people who used the service with kindness, respect and compassion.

- The service gave patients timely support and information in relation to their care and treatment.
- The provider sought feedback on the quality of care from people who used the service via a survey. The survey provided the opportunity to provide feedback and make suggestions for improvement. The provider collated this information in order to identify areas for improvement.
- The provider shared positive feedback from people who used the service with us as part of the inspection.

Involvement in decisions about care and treatment

Staff helped people who used the service to be involved in decisions about care and treatment.

- Interpretation services were available for people who did not have English as a first language to help them be involved in decisions about their care.
- People who used the service were offered a consultation to discuss their individual needs and wishes and discuss their treatment options.
- The service ensured that patients were provided with the information they required to make decisions about their treatment prior to treatment commencing.
- People who used the service were given time between their consultation and the treatment being provided to ensure they could make an informed decision.
- People who used the service were provided with care and treatment plans for them to review before treatment commenced.
- The service provided verbal and written information pre and post-treatment.
- People who used the service were informed of the costs involved prior to care and treatment being provided.

Privacy and Dignity

The service respected peoples' privacy and dignity.

- Staff knew the importance of treating people with dignity and respect.
- Staff knew that if people who used the service wanted to discuss sensitive issues or appeared distressed they could offer them the time and a private space to discuss their needs.
- Staff appreciated that people who used the service were discussing sensitive issues and may become emotional or distressed, they supported people with care and dignity when discussing their needs, treatment options and outcomes. People could also be signposted to counselling services.
- Chaperones were available for all personal/intimate examinations or procedures. There were signs on display to advise patients of this. Staff who provided chaperoning services had undergone the required checks and been provided with training to carry out the role.
- Treatment room doors were closed and rooms were secured with appropriate locks.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

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

Responding to and meeting people's needs

- The provider understood the needs of people who used the service and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people could access and use the service on an equal basis.
- The clinic was accessible to people who have difficulties with mobility or use a wheelchair.
- A hearing loop (assistive listening system for people who experience hearing loss and use a hearing aid) was in place.
- A language interpretation service was available.

Timely access to the service

People who used the service were able to access care and treatment within an appropriate timescale for their needs.

- Appointments could be booked in person or by telephone. Patients were provided with appointments within a short time from their request.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- People who used the service had timely access to initial assessment, test results, diagnosis and treatment.
- Referrals and signposting to other services were undertaken in a timely way.
- The provider told us they tried to meet the needs of people who used the service with flexible appointment availability.
- Appointments were easy to book via telephone, online, email or in person.
- People who used the service could choose to have their consultations online if that was more appropriate to meet their needs.

Listening and learning from concerns and complaints

The service had appropriate systems in place for managing complaints and concerns, responded to these and making improvements to the quality of care.

- The service had a complaints policy and procedure.
- Information about how to make a complaint was made readily available to people who used the service and it was on display within the patient waiting area.
- People who used the service had the opportunity to submit feedback and complaints following their appointment.
- There had been no complaints received.
- People who used the service were informed of further action they could take if they were dissatisfied with the response to their complaint. This included referring to an independent adjudicator.

Good

Are services well-led?

We rated well-led as Good because:

There was a clear vision, strategy and culture to provide a high-quality service for people who used the service. Staff felt well supported and the service used feedback from staff and people who used the service to make improvements.

Leadership capacity and capability;

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

- The provider demonstrated capacity to implement systems and processes to support the delivery of high-quality care.
- The provider had awareness and understanding of the issues and priorities relating to the quality and future of the service.
- Staff told us that the provider was visible, approachable, and supportive. The provider worked closely with staff and provided regular opportunities for meetings, discussion and development.
- An established service manager was in place and staff roles and responsibilities were clearly set out.
- There were formal and informal lines of communication between staff working within the service. Staff spoke of team meetings they attended, and we saw records of those meetings.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for people who used the service.

- The provider had a vision and desire to provide a high-quality service that put caring at its heart, and which promoted good outcomes for people who used the service.
- Staff were aware of and understood the vision and their role in achieving this.

Culture

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

- Staff told us they felt respected, supported and valued. They told us they would feel confident to report any concerns and that these would be acted upon.
- The service was focused upon the needs of people who used the service and ensuring the best outcomes.
- Staff at all levels were fully engaged in ensuring the promotion of optimum outcomes for patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff were provided with opportunities for professional development.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability.

- Structures, processes and systems to support governance and management of the service were set out.
- Staff were clear on their roles and accountabilities.

Good

Are services well-led?

- Policies, procedures and activities had been established to ensure safety and ensure the service was operating as intended.
- There was a schedule of quality assurance checks including: infection prevention and control, patient reviews, environmental safety checks and complaints.
- Audits were carried out to drive improvement.
- Staff had the opportunity to suggest improvements and as a result could be involved in the planning and shaping of the services provided.

Managing risks, issues and performance

There were 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.
- A range of policies and procedures were in place, and these were reviewed on a regular basis.
- The service had processes to manage performance.
- The provider had oversight of safety alerts, incidents, and complaints.
- The provider had a business continuity plan in place.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Information on outcomes for people who used the service was used to review quality and drive improvement.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, people who used the service were not informed of how their information would be handled and maintained securely when they used on-line services.
- 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.
- Staff told us they attended regular staff meetings. We saw documented evidence of this.

Engagement with people who used the service, the public, staff and external partners

The service involved people who used the service, staff and external partners to support services.

- The provider encouraged feedback from people who used the service and staff, and they acted on this to shape services.
- There were systems in place for staff to give feedback and receive support, this included a schedule of appraisals and regular staff meetings.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and development.

- There was a focus on learning and improvement.
- The service made use of patient feedback to make improvements.