

## Care Fertility Birmingham

# Care Fertility

### Inspection report

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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?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We have not previously rated the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records.
- Staff provided good care and treatment and gave them pain relief when they needed it.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- The service did not always control infection risk well. Cleaning scheduling records were inconsistent and not up to date and some ultrasound equipment was dusty.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	We have not previously rated the service. We have rated the service overall as good.



# Summary of findings

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# Summary of this inspection

## Background to Care Fertility

The service is in a two-storey building. The entrance has full disabled access. Facilities are spread over two floors and include two procedure rooms, an outpatient area and diagnostic facilities. A second patient waiting area is located on the first floor which was fully accessible by stairs or by a passenger lift. All staffing areas are closed off to the public with a key fob entry system.

The service carried out 22 HyCoSy procedures in the last 12 months.

The service is also licensed by the Human Fertilisation and Embryology Authority (HFEA) which regulates all aspects of the IVF services at CARE Birmingham.

The service has a registered manager.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on the 25 May 2022.

The team that inspected the service comprised a CQC lead inspector, a CQC inspector and a specialist advisor. The inspection was overlooked by an inspection manager and Head of Hospital Inspection. During the inspection we spoke with staff, patients and reviewed documents that related to the running of the service under CQC regulated activities only.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

## Areas for improvement

Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### Action the service SHOULD take to improve:

- The service should ensure they manage and control infection risks, and ensure cleaning scheduling and equipment cleaning records are kept up to date.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

# Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are Diagnostic imaging safe?

Good 

We have not previously rated the service. We rated safe as good because:

### Mandatory training

**The service provided mandatory training in key skills to all staff and made sure everyone completed it.**

Managers monitored mandatory training and alerted staff when they needed to update their training. The service used an application to monitor mandatory training. Staff confirmed managers informed them when training was due to be completed and booked them courses if necessary.

Staff received and kept up to date with their mandatory training. Mandatory training was completed on a rolling programme with most sessions delivered through E-learning and was tailored to the skill requirement of staff and was dependent on their role. Topics included, but were not limited to, equality, diversity and human rights; infection prevention and control, life support. We reviewed mandatory training records and found only some staff were up to date with their mandatory training, however, the providers annual training regime began 1 April 2022 and was only two months into the training programme. Training figures we received from the provider were:

- 20 (19%) Completed training
- 63 (61%) In progress and not yet completed
- 20 (19%) Not completed

The mandatory training was comprehensive and met the needs of patients and staff. Staff had access to a wide range of training modules including domestic abuse and health and safety.

The service had a practising privileges policy. Consultants provided evidence to show they were up to date with mandatory training and the managers monitored it.

### Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

## Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff explained the procedure to follow if they had safeguarding concerns.

The service provided yearly safeguarding training as an online training package. Qualified staff received safeguarding adults and children level two. Non-clinical staff received level one adult and children safeguarding training. All non-clinical staff had completed both elements of the required training. Safeguarding compliance figures were included within the mandatory training data.

Staff knew the centre leader was the lead for safeguarding and knew how to contact the corporate safeguarding lead trained to level four safeguarding adult and children. This met the intercollegiate guidance for safeguarding children.

There were no safeguarding concerns reported to CQC over the last twelve months.

### Cleanliness, infection control and hygiene

**The service did not always control infection risk well, equipment was not always visibly clean.**

The procedure for cleaning transvaginal ultrasound probes was not documented. The batch number and expiry date for the cleaning equipment used was not recorded, this made equipment traceability very difficult if an incident occurred. We raised our concerns with the management team, who provided us with assurance the next day and documentation was presented to us to ensure traceability of equipment was provided.

Cleaning scheduling records were inconsistent and not up to date. We found some ultrasound equipment to be dusty. We raised this with management team who escalated our concerns to the nursing team. Management team assured us this will be rectified and ensure all staff complete cleaning schedules and will carry out regular cleaning audits. The ultrasound room had washable flooring and wipe-clean furnishings. Staff wiped down, cleaned and placed paper towelling on the couch for each woman and changed this in between patients.

Supplies of personal protective equipment (PPE), such as disposable gloves and aprons, were available in each department. We observed all staff used the correct PPE when providing care and treatment to patients. Staff wore an apron, gloves and a mask when undertaking scans.

Staff, patients and visitors had access to wall mounted and portable hand sanitiser gel dispensers at the entrance to the centre, every department and relevant points throughout the department. We observed all staff used these.

Staff received E-learning and practical mandatory training in infection prevention and control. All staff had completed their E-learning requirements.

Hand hygiene audits were completed monthly, the results for April 2022 compliance rate was 98% showed all staff were bare below the elbows and complied with good hand hygiene practice. We reviewed the service latest annual infection control audit August 2021 which covered many areas such as waste management, environment, equipment, safe handling and disposal of sharps; The CARE Birmingham site scored 95% against provider target of 85%.

### Environment and equipment

**The design, maintenance and use of facilities and premises kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, equipment was not always in date.**

The facilities and environment were well maintained. All the areas we visited were spacious, light, airy and clutter free.



## Diagnostic imaging

The service had enough suitable equipment to help them to safely care for patients. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. The registered manager ensured the machine was serviced annually.

There were suitable arrangements in place for fire safety, including a fire risk assessment and clear instructions for staff to follow in the event of a fire.

Stickers on equipment and machinery identified the last service date and when the next service was due. During this inspection, the equipment engineer was on site and was out servicing all equipment.

Containers were provided for the safe disposal of sharp equipment, such as needles and cannulas. We observed these were labelled correctly on assembly and when ready for collection. None of the containers were overfilled, reducing the potential of needle stick injury. Staff disposed of clinical waste safely. However, we found 38 of 21G size needles were out of date with expiry date of May 2021. We raised our concerns with management team about certain out of date products during our inspection who acted and rectified our concerns.

There were fire exit signs and fire extinguishers throughout the premises. All fire exits, and doors were kept clear and free from obstructions. The centre tested fire alarms weekly. Staff completed two yearly mandatory practical fire safety training and yearly E-learning fire safety.

We reviewed the service latest Health and Safety report (February 2022), the service was given one high priority recommendation and 14 medium recommendations. All actions were completed in March 2022 and the service was now fully compliant.

We saw evidence that the service was fully compliant with legionella risk assessment and certificate for compliance was issued and in date.

### Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.**

All clinical staff received annual intermediate life support (ILS) training while non-clinical staff received annual basic life support (BLS) training. Staff knew how to respond promptly to any sudden deterioration in a patient's health. There was a protocol for managing any sudden deterioration in a patient's health. Staff had received training on simulated emergency scenarios and practiced how to respond in the event of an emergency, if patients required emergency treatment staff would request 999 emergency support to transfer patient to local NHS trust.

The service had a patient selection criterion that provided guidelines for the types of patients they treated.

The environment in which patients received their consultations, treatment was suitably arranged to ensure their safety. There were separate consultation rooms, a designated minor procedure theatre with an adjacent preparation/ recovery room. Separate areas were provided for storage of equipment and administrative purposes.

Staff assessed and managed patient's risks such as allergies, health conditions and concerns from information given on their health declaration.

# Diagnostic imaging

To safeguard patients from having the incorrect type of procedure staff confirmed the patient's names, date of birth and procedure. This showed staff followed best practice of pause and check.

Staff shared key information to keep patients safe when handing over their care to others. There were clear processes and pathways to guide staff on what actions to take if they found anything unusual during the procedure. These were reviewed by the consultant before onward referral.

The clinic had a chaperone policy to provide guidance for intimate examinations. Staff were trained as chaperones and this could be requested, by the patient or their clinician, at short notice.

The clinic had an on-call arrangement where staff took turns manning the emergency phone each week. Patients could contact the clinic between 4pm and 11pm if they had any concerns.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels and skill mix.**

The service had enough nursing and support staff to keep patients safe. The manager could adjust staffing levels daily according to the needs of patients. The service had a small team and they were trained to work across other competencies to assist with covering sick and annual leave. Staff felt the staffing levels were adequate.

The service had low staff turnover rates and sickness rates. The service did not use agency staff.

The service had enough medical staff to keep patients safe. Practising privileges is an authority granted to a physician by a hospital/ services governing board to provide patient care. The medical advisory committee (MAC) monitored all staff with practicing privileges. The centre raised and reported any concerns, including competencies, about consultants through the MAC.

Practising privileges were monitored and tracked on a central compliance spread sheet and any physician whose requirements were out of date or near renewal would be contacted. We saw evidence that the clinic checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training, revalidation and appraisals.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Records were stored securely. All patient's data, medical records, scan and pathology results were documented via the clinic's secure patient electronic record system in line with legislation and national guidance.

The clinic received patient referrals through a secure email or telephone call from the referring doctor or hospital.

We reviewed six patient records and found that they were all complete, clear and up to date.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

## Diagnostic imaging

The service held two medicine management committee meetings annually, meeting was attended by all service leads from other CARE locations. The overall objective of these meetings is to promote continued improvement of all Medicines Management systems and safe medicines practice within the CARE Group.

Staff followed systems and processes to prescribe and administer medicines safely. The service had a controlled drug accountable officer (CDAO) who was responsible for the prescribing and monitoring of controlled drugs. These medicines were securely locked and monitored monthly by the CDAO with regular medicines audits documented. There was a handwritten Controlled Drug (CD) logbook to document the use and disposal of medicines.

Staff 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Records of patient's allergies and drugs prescribed were contained within the patient's care pathway documentation.

### Incidents

**The service had a procedure to manage patient safety incidents. Staff knew how to raise concerns, report incidents and near misses in line with provider policy.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service reported zero never events between the period of December 2021 and May 2022.

We reviewed CARE fertility Birmingham latest incidents (three) in the last 12 months, including actions taken/prevention and lesson learned, we saw evidence of investigation and the involvement of patient and staff. These incidents were included as part of the service governance meeting.

There were clear, well-structured systems for recording and acting on significant events and incidents.

There were 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. We were told things did not often go wrong but all staff we spoke with, were aware of the process and all told us the managing directors had an open-door policy.

The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems and tools in place for knowing about notifiable safety incidents.

### Are Diagnostic imaging effective?

Inspected but not rated 

We do not rate the effective domain within the diagnostic imaging core service.

# Diagnostic imaging

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**

As part of its licence to provide a range of fertility treatments by the Human Fertilisation and Embryology Authority (HFEA), the service complied with HFEA code of conduct.

The service used the latest electronic consent tracking system, which tracked and collected all consent forms in a safe and effective way. We saw an effective programme of continuous clinical and internal audits. The use of modern technology to help inform and document patients journeys had been well established.

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. Staff adhered to guidelines such as, the WHO Surgical Safety Checklist, the British Society for Gynaecological Endoscopy (BSGE), National Institute for Care and Health Excellence (NICE) and the Royal College of Obstetricians and Gynaecologist. A copy of the relevant national guidelines were kept at the clinic and easily accessible to staff.

Consultants attended external conferences from national professional bodies to keep up to date with the latest evidence-based care and treatment, relevant to the service they provided.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs.**

Patient had access to water and hot drink dispenser.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain.**

Patients were advised to take a painkiller before attending for the procedure and to have some available at home.

Staff said patients were made to feel comfortable during their appointment. Patients were advised to let staff know if they experienced any discomfort during the scan could ask to take a break at any point.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Staff monitored the effectiveness of care and treatment. Records showed there were weekly clinical review meetings to discuss the outcome of each scan and the next step for patients.

Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. For example, the role of the patient advisor was to follow the systems in place to support prospective patients to complete a full medical history and the telephone appointments with a clinician followed by the face to face appointment.

# Diagnostic imaging

Clinical staff had access to guidelines and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. Any alerts or changes were clearly communicated to staff and was fully auditable.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.

Clinical professionals (medical and nursing) were registered with the General Medical Council (GMC) and or the Nursing and Midwifery Council (NMC) and records of these were up to date with the date of revalidation recorded.

The provider understood the learning needs of staff and provided protected learning time and training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. We were provided with various examples of support the service had provided to staff.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service ensured it received evidence annually from consultants about appraisals and professional registrations as part of their practising privileges. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff completed competencies such as transvaginal sonography.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. During the inspection we observed a multidisciplinary meeting and found the meeting to be thorough and informative. We observed evidence of doctors and nurses working effectively together. We heard positive feedback from staff of all grades about the teamwork.

Staff were able to speak with patient's GPs or referring doctors if they needed to clarify anything about patient care.

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. We saw examples of patient's records being fully electronic, comprehensive and auditable.

The patient flow system was fully auditable, effective and well maintained.

## Diagnostic imaging

We heard positive feedback from staff of all grades about the excellent teamwork. We observed evidence of doctors and nurses working effectively together.

Staff were able to speak with patient's GPs or referring doctors if they needed to clarify anything about patient care.

### Seven-day services

**Key services were available to support timely patient care.**

The clinic opened Monday to Friday from 8am to 5:30pm. Procedure and fertility diagnostics investigation lists were arranged to meet patient needs and consultant availability. Occasionally, appointments were available on Saturday and Sunday depending on the procedure.

### Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support in patient areas.

Risk factors were identified and highlighted to patients and where appropriate. Patients received a range of information leaflets on diet, smoking, pre-pregnancy healthcare, lifestyle, diet and supplements.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle. Consultants had individual conversations about diet and health promotion with each patient.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff checked patient's details on screen and asked patient to confirm if details were correct. Staff said patients completed a written consent form and they were asked for verbal consent before the scan.

Staff clearly recorded consent in the patients' records. Records also contained signed consent forms. The service monitored and audited the process for seeking consent appropriately. For example, all consent forms were witnessed and electronically signed by two members of staff, which were then stored electronically in the patients record.

Staff explained the importance of the consent process, with staff explaining the process to assess mental capacity. For example, every patient prior to any treatment received a 'welfare of the child' check. A supportive process using counselling sessions prior to any treatment to safeguard the unborn child.

## Are Diagnostic imaging caring?

We have not previously rated the service. We rated caring as good because:

# Diagnostic imaging

## Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We spoke with three patients during the inspection and feedback from patients were positive about the way staff treated them. Patient told us they were happy with their treatment; and that staff were always friendly and helpful.

Staff followed policy to keep patient care and treatment confidential.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff said patients were followed up by a telephone call after each scan and this was documented in the patient's care pathway. Staff said it was important to have a calming and reassuring demeanour so as not to increase the patient's anxiety.

Another positive feedback example we reviewed was *"I want to personally thank everyone member of staff that I have encountered during our treatment. They have made us both feel completely at ease and comfortable during a time that can be very stressful"*.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff said they reassured nervous patients and answered any questions. Counselling support was also available for all patients under CARE fertility services.

## Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. We observed a strong patient-centred and holistic culture. We found multiple positive examples to demonstrate how patients' choices and preferences were valued and acted on throughout the inspection.

All staff we spoke with understood and recognised the importance of people's dignity and the need to show patients respect. Staff always respected confidentiality.

Patients could give feedback on the service and their treatment and staff supported them to do this.

## Are Diagnostic imaging responsive?

We have not previously rated the service. We rated responsive as good because:

# Diagnostic imaging

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was open five days a week and provided scans by appointment only, at a time to meet the needs of the patient group and within their treatment plan.

There was a patient care pathway and staff ensured services were flexible to ensure they meet all individual care during treatment.

The service minimised the number of times patients needed to attend the clinic, by ensuring patients had access to the required staff and scans on one occasion. Staff made decisions about the frequency of appointments in the patients' best interests.

Patients always had access to their individual portal and could communicate with staff through messenger on their portal.

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support for example all patient under CARE fertility had access to counselling as often as needed.

Managers monitored and took action to minimise missed appointments and ensured that patients who did not attend appointments were contacted. We saw the service policy on dealing with did not attend appointments and found it to be thorough and easy to follow. We did not have the audit data figures for how many patients that did not attend appointments.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

The service's website had a wealth of resources and signposting that patients could access to inform themselves about fertility treatment and how to best support their health and wellbeing whilst undergoing treatment.

All patients were given access to a website providing a wealth of information and tips on the fertility journey. For example, patients could submit questions relevant to their treatment plan and the site offered a place for patients to offer each other support.

Managers made sure staff, and patients, loved ones could get help from interpreters or signers when needed. Interpreters were available on the telephone and face to face if required.

Patient's individual needs and preferences were central to the delivery of a tailored service. There was a comfortable seating area for patients and visitors. There was access for wheelchair users and an accessible toilet facility.

## Access and flow

**People could access the service when they needed it and received the right care promptly.**



## Diagnostic imaging

Patients had timely access to initial assessment, test results and treatments. Waiting times, delays and cancellations were minimal and managed appropriately.

### Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.**

Patients, relatives and carers knew how to complain or raise concerns. Information about how to make a complaint or raise concerns was available and clearly displayed information about how to raise a concern in patient areas.

The team worked in collaboration to ensure patients were informed, lessons learned, and that the complaint was managed in line with policies. The service had a complaints procedure which included acknowledging the complaint within two days and investigating it in a full and objective way. Patients could speak with staff about any concerns, including a manager, on request. Staff understood the policy on complaints and knew how to handle them.

Complaints and satisfaction comments were discussed as a standardised agenda during the monthly staff meeting, we saw evidence of this through reviewing samples of three team meeting minutes.

The service received two complaints in the reporting period of February 2022 and May 2022, we saw these were actioned and investigated within service policy.

## Are Diagnostic imaging well-led?

We have not previously rated the service. We rated well led as good because:

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

The service had a clear accountability and leadership structure. The service lead and staff demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

Staff told us senior teams were approachable and always took the time to listen to them. They also told us that the service was non-judgmental and very open yet professional.

The service leader was highly visible and worked alongside staff to address any immediate issues that challenged any department in the centre.

Staff at the centre told us they had been supported to attend courses and develop their skills with leadership support.

# Diagnostic imaging

The registered manager was the safeguarding lead, the controlled drug accountable officer and deputy lead for health and safety. There were clear management and reporting arrangements in place.

Staff had regular meetings and confirmed the departmental leads had meetings with their own team. Team meetings were held twice per week.

The managers and senior clinical staff provided oversight of policies and compliance with national guidance and best practice.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a clear vision and strategy. The priority was quality and sustainability of fertility treatment and there was a robust strategy for delivering high quality care.

The service had a statement of purpose which outlined to patients the standards of care and support services the clinic would provide.

The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

Leaders expressed a commitment for the clinic to lead the field in fertility treatment.

There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.**

The service promoted equality and diversity and provided opportunities for career development. For example, a staff member was promoted to the role of nurse manager.

Staff said the clinic had an 'open door policy' and they felt supported by readily accessible, visible leadership. The clinic had a whistle blowing policy which encouraged staff to raise any concerns with registered manager.

The registered manager responded positively and took immediate actions because of the concerns we found on inspection. Staff showed willingness to learn and improve.

Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

## Diagnostic imaging

Staff said they felt respected, valued and supported, particularly by the director and senior staff in the clinic. All staff were involved in discussions about how to run and develop the clinic, and the service leaders encouraged all members of staff to identify opportunities to improve the service delivered by the organisation. One staff member we spoke with told us they had explored an idea that may be beneficial for the service and a role that would support females within the service and this was agreed, the service now had a menopause champion at Birmingham site.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, complaints were discussed openly, and incidents were immediately reported and investigated. The service was also subject to regular monitoring by other regulatory bodies and were compliant with the requirements of the specific legislation for the Human Fertilisation and Embryology Authority (HFEA).

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. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

All clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. Nurses told us they attended the Fertility Nursing Forum by the Royal College of Nursing where learning and wider networking took place.

Some staff had received equality and diversity training. Staff felt they were treated equally and fairly and all staff we spoke with enjoyed their work environment. Many staff had worked for prolonged periods at the service.

### Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

There was an overarching governance framework which supported the delivery of the strategy and an overall comprehensive approach to care. This included arrangements to monitor and improve quality and identify risk. Governance and performance management arrangements were proactively reviewed and reflected best practice. We reviewed two months samples of CARE fertility governance meeting minutes and executive team meeting, including presentations and found the information discussed was robust, informative and current.

There was a clear understanding of who their patients were, and they responded to the changing needs. The service held rolling monthly full team meetings which included discussion of any significant incidents that had occurred, audit results, educational sessions and patient complaints. Individual departmental teams also held weekly and informal daily informal meetings.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. All senior staff had clear individual areas of management responsibility.

# Diagnostic imaging

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.**

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. The service had a risk management strategy, setting out a system for continuous risk management. The service followed the strict code of practice required by the Human Fertilisation and Embryology Authority (HFEA).

Leaders understood the issues and challenges the service faced. For example, managers recognised the challenge of recruiting experienced staff within the fertility field and had taken steps to mitigate this.

We reviewed the service local risk register which contained local and corporate risks. All risks on the register had future review dates and we could see that regular and ongoing reviews were documented. Mitigation was in place for all the risks and it was clear the register was used as a live document.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including complaints, mandatory training and audits.

All staff had access, via secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

The service had arrangements and policies in place to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

The service submitted fertility data to the Human Fertilisation and Embryology Authority.

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment in line with their roles and responsibilities. Staff had access to electronic nursing records which included detailed patient information such as patient medical histories, care plans, assessments and test results. Staff reviewed these through the electronic patient record system.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

## Diagnostic imaging

There was an effective communication system. Staff told us how they accessed meeting minutes and policies on the electronic platform and told us there were enough computers available.

Staff actively sought patient feedback and patients provided this through emails and surveys. We saw numerous examples from patients following treatment questionnaires, with the majority of patients feeding back with excellent scoring. Areas that required improvement through patient engagement was around access of staff answering phones, since receiving this feedback the service have now implemented a team specifically to answer patient calls called the Care Pals teams who were available 8:30am to 4:30pm. Any calls that require escalating to clinical teams were then recorded and clinical teams are notified who will then call those patient back who require clinical advice.

Leaders commented that they had good relationships with external service providers, such as the nearby hospital.

The service carry out virtual open days with members of the public to allow people to meet the team, ask questions and plans are in place to introduce this as a face to face open day which allows people to have a tour of the clinic.

### Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research within fertility treatment.**

The service held monthly Terms of Reference Innovation Strategy Group (ISG). The Group comprises the CEO, Group Medical Director, Group Director of Embryology, Head of R&D (Chair). Purpose of the group is to primarily evaluate all innovative ideas and potential pipeline technologies, to value patients and the CARE Fertility Group.

Since the pandemic the service had offered patients virtual consultations in addition to face to face consultations.

The service had implemented a patient portal during the pandemic which has remained in place, this allowed patients to receive information about their individual care such as fees, appointment times and blood results.