

Wigan Integrated Sexual Health Service

Quality Report

The Galleries Shopping Centre

First Floor

Wigan

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Tel: 01942 483188

Website: <https://spectrumhealth.org.uk>

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Good



Are services well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Wigan Integrated Sexual Health Service is operated by Spectrum Community Health C.I.C. The service has five locations:

- Wigan integrated sexual health service, The Galleries Shopping Centre, 1st Floor, Wigan, WN1 1AR. (Hub location, Level 3 sexual health service).
- Leigh Health Centre, Entrance C, The Avenue, Leigh, WN7 1HR. (Level 2 sexual health service).
- Golborne Health Centre, Lowton Road, Warrington, WA3 3EG. (Spoke, Level 1 sexual health service).
- Platt Bridge Health Centre, Rivington Street, Wigan, WN2 5NG. (Spoke, Level 1 sexual health service).
- Pemberton Health Centre, Sherwood Drive, Pemberton, WN5 9QX. (Spoke, Level 1 sexual health service).
- Atherton Health Centre, Nelson Street, Atherton, Manchester, M46 0LE (Spoke, Level 1 sexual health service).

We inspected Wigan and Leigh clinics.

The service provides a fully integrated sexual health service for contraception and genito urinary medicine service. The service operates across six locations, six days a week. The clinical services are supported by the Relationship Sex Education (RSE) team which provides sexual health promotion.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced visit to Wigan integrated sexual health service on 14 May 2019 and Leigh Health Centre on 21 May 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Following this inspection, we told the provider that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Ann Ford
Interim Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Community health (sexual health services)

Rating

Good



Summary of each main service

Wigan integrated sexual health service carries out independent sexual health services for contraception and genito-urinary medicine in Wigan, Leigh and surrounding areas. We rated safe, effective, caring, responsive and well led as good. Overall, we rated the service as good because:

- Staff had completed mandatory training and had the skills to carry out their roles.
- The service was patient centred and focused on providing a high-quality service.
- The service had suitable premises and equipment.
- Staff knew how to escalate concerns and sign posted patients appropriately.

Summary of findings

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Good



Wigan Integrated Sexual Health Service

Services we looked at

Community health (sexual health services)

Summary of this inspection

Background to Wigan Integrated Sexual Health Service

Wigan Integrated Sexual Health Service is operated by Spectrum Community Health C.I.C. The service opened in March 2018. It is based in Wigan, Lancashire. The service primarily serves the communities across Wigan and Leigh. It also accepts patients' from outside this area.

The service has had a registered manager in post since 1 March 2018. At the time of the inspection, another manager had recently been appointed and was registered with the CQC in January 2019.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in sexual health services. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Information about Wigan Integrated Sexual Health Service

The service is commissioned by Wigan Council for sexual health services in Wigan and Leigh. The service is based in Wigan town centre and is recognised as a level three sexual health service and is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.
- Family planning services.

During the inspection, we visited Wigan and Leigh centres. We spoke with 12 staff including registered nurses, health care assistants, reception staff, medical staff, and registered managers. We spoke with five patients. During our inspection, we reviewed five sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (March 2018 to April 2019)

- In the reporting period March 2018 to April 2019 there were 30,147 patient contacts recorded by the service.

The service employed two clinicians, 14 nurses (which includes twelve band 6 and two band 7 nurses), five care assistants and three receptionists. In addition to this the service employed a Head of service (1 WTE) and cluster manager (0.33 WTE). The service had a 2.29 WTE nurse vacancy at the time of inspection.

Track record on safety

- No Never events
- No serious injuries

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

3 formal complaints between July 2018 and April 2019.

Services provided under service level agreement:

Summary of this inspection

- Clinical and or non-clinical waste removal
- Interpreting services
- Maintenance of medical equipment

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Good** because:

- Staff had completed mandatory training appropriate for their roles and kept clear and concise records.
- Staff understood how to protect patients from abuse and signposted them to other healthcare professionals when a concern was identified.
- The service had suitable premises and equipment and controlled infection risk well.

However,

- Staff recruitment was a challenge to find suitable candidates, but mitigation was in place until staff were recruited and trained.

Good



Are services effective?

We rated it as **Good** because:

- The service provided care and treatment based on national guidance and completed audits to monitor and improve the service.
- The service monitored patient outcomes and made improvements to the service following feedback received.
- Staff had appropriate training and development support to deliver an integrated sexual health service.

Good



Are services caring?

We rated it as **Good** because:

- We observed all staff support and care for patients with compassion and respect. Feedback from patients confirmed they were treated with kindness and understanding.
- Emotional support was provided to patients using the service and staff signposted patients to other services when needed.
- Staff involved patients with care and treatment and gave sufficient time to answer questions.

Good



Are services responsive?

We rated it as **Good** because:

Good



Summary of this inspection

- The service provided sexual health services for patients in a relaxed and private environment. The service was centred around providing a positive experience for patients using the service.
- The service encouraged patients to provide feedback about the service and had an effective formal complaints procedure.
- Patients could access the service through walk in clinics or appointment. The service capped walk in clinics when capacity was met and provided a triage service when needed.
- The service had recently started to keep record of patients who attended the walk in centre clinics when they were capped.

Are services well-led?

We rated it as **Good** because:

- The service had a vision to provide high-quality sexual health services and had future plans to improve the service working with the commissioners.
- There was a positive, supportive culture which focused on making improvements to the service whilst supporting staff.
- The service had a clear governance framework including roles and responsibilities of staff members and had a process to identify and mitigate risks.
- The service had policies in place which referenced best practice guidance.

Good








Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health (sexual health services)	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health (sexual health services)

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are community health (sexual health services) safe?

Good 

We rated it as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff completed mandatory training identified from a training matrix. Training included fire safety, basic life support, manual handling, medicines management, infection control, domestic abuse and safeguarding. Mandatory training compliance overall for the service was 93% at the time of inspection. Two members of staff at the time of inspection were below the service training target but this was due to maternity leave and long term sickness.
- Mandatory training was monitored and reviewed by the service lead using an electronic record system. The training included both face to face training and E-learning. Staff told us they were allocated time to complete training.
- Staff received protected training time every Thursday afternoon. Staff told us they had not had this previously and felt the benefit of having this time to reflect and complete training in a relaxed environment.

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.
- The service followed safeguarding intercollegiate guidance and ensured staff had the appropriate safeguarding training for their role which included level 3 safeguarding adults and children training. The Head of Service and GP clinical lead had level 4 safeguarding training and supported staff when needed.
- We saw the electronic staff records for safeguarding training on inspection. Overall training compliance was 93%.
- Safeguarding training included Female Genital Mutilation (FGM). On inspection we evidence staff recognised this and took appropriate action.
- Staff we spoke to were knowledgeable about the service safeguarding procedures and gave examples of safeguarding referrals. We saw examples where staff had made safeguarding referrals to the local authority. There were arrangements in place to refer victims of sexual assault to appropriate services in line with British Association for Sexual Health and HIV (BASHH) guidelines.
- The service provided appointments and walk in clinics to patients under the age of 18 with a separate waiting area from adults. We saw an example of the Fraser competence assessment for a patient under the age of 16. Staff told us they did not see patients under 13 years of age.

Community health (sexual health services)

- The service had appropriate recruitments processes and disciplinary procedures in place and managers gave examples of these. However, during the transfer of undertakings (TUPE) of staff from the previous provider, the disclosure and barring checks (DBS) had not been reviewed. This had been identified by the registered manager who had escalated this to the provider and was under review at the time of inspection.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well.** Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed infection control training and had access to hand washing facilities in the consultation rooms. We observed nursing staff wipe down equipment, replace towelling and wash hands following an examination and between clinic appointments.
- All clinical areas we visited on the day of inspection were clean and well maintained. We observed staff managing clinical waste appropriately. Cleaning duties were divided between a contract cleaner and staff using the consultation rooms.
- Staff had access to personal protective equipment, such as gloves and aprons. Hand gel was available in corridors near access and exit doors.
- There had been no incidents of healthcare acquired infections at the service since the provider had taken over the service.
- One out of the five clinic rooms we visited had an unlabelled sharps bin without a secured lid and no clinical waste bin. This was raised on inspection and appropriate action was immediately taken.
- The service had an appropriate infection control policy and audit programme. The last hand hygiene audit seen on inspection was dated April 2019. Out of 17 audit questions, 15 were found to be compliant. The audit included visual observations of hand washing technique.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use the equipment..** Staff managed clinical waste well. The centres we visited on inspection consisted of a reception area, private waiting areas, clinic rooms, offices, staff kitchen/room and toilet facilities which were visibly clean and tidy.
- The reception areas were separate from the waiting areas which allowed staff to have private discussions with patients. The individual clinic rooms also allowed confidential private examination and discussion with patients.
- The service had suitable equipment in the examination rooms. Any equipment faults were reported as an incident and actioned in a timely manner. All equipment seen on inspection confirmed to the relevant safety standards and were cleaned, serviced and maintained.
- All needles, swabs and clinical packs were within their usage date.
- Appropriate arrangements were in place for managing clinical and domestic waste.
- We found smear pots ready for use with hazardous stickers due to the liquid contained in the pot were kept in a clinical room in an unlocked cupboard. We escalated this on inspection and the smear pots were immediately moved to a more secure storage location.

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.
- Staff undertook risk assessments at triage and at full assessment. The assessment questions were based on those from The British Association for Sexual Health and HIV guidelines.
- Patients and staff had access to the speciality doctor and consultant on the days they were working at the Wigan location.
- The service had paper copies of the appointment and walk in clinic times at the reception desk. These were also available on the service website.

Community health (sexual health services)

- Staff used the electronic record system to flag alerts if a patient had a specific risk or had a history of being abusive to staff. Staff gave examples of these and told us they were able to discuss any concerns with their manager so appropriate action was taken.
- At the time of inspection there was a two week waiting list for coil fitting. On inspection we saw the list of patients was reviewed. When patients requested a coil fitting appointment they were given alternative service details to contact to reduce the waiting time for patients.
- Staff told us if a patient deteriorated and a clinician was not on site, they would call an ambulance if needed.

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 and treatment.** Managers regularly reviewed and adjusted staffing levels and skill mix.
- We found the staffing levels of the service was safe, but some staffing pressure existed due to staff vacancies. At the time of inspection there were 0.7 whole time equivalent (WTE) consultant, one WTE and 22.5 hours nursing and one WTE reception staff vacancy.
- The managers had plans in place to recruit to the vacant posts and had appropriate cover arrangements for sickness, leave and vacant posts to ensure patient safety. Although the service had not managed to recruit to the vacant consultant post another speciality doctor had been appointed to start in July 2019.
- Staff told us they felt supported by the managers and were given training and development opportunities to deliver high standard of care.

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. The service used paper based and electronic patients records. Patients completed a paper based

registration form on arrival to confirm patient details and confirm or decline consent to share information with other relevant professionals. These records were reviewed by the nurse with the patient at the beginning of the consultation to confirm the patient details were correct on the electronic system.

- We reviewed five patient electronic records and found the appropriate health checks, patient history, and consultation with patient was documented; text messages sent to the patient were recorded.
- The electronic record was based on a stand-alone system as required by The British Association for Sexual Health and HIV guidance.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- The service followed best practice when prescribing, giving, recording and storing medicines.
- Medicines were stored correctly and locked away safely.
- The service had an electronic medicine system which recorded the medicines and vaccines information at each location. The electronic stock list was checked twice a week and any discrepancies were investigated. Staff told us the discrepancies were usually due to the administration tick box was not completed.
- Clinical policies, standard operating procedures and guidelines referenced best practice and referenced national guidelines. These were available for staff to access on the intranet.
- Patient group directions (PGD's) were also available on the intranet as well as paper copies in the clinic room. Patient group directions provide a legal framework that allows some registered health professionals to administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).
- We reviewed four PGD's and saw these were signed and dated. The clinical lead nurse was also a nurse prescriber.

Community health (sexual health services)

- There had been some national medication availability, but the service had been able to provide alternative medications when required.

Incident reporting, learning and improvement

- **The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.** Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients detailed information and suitable support.
- Staff used an electronic system to monitor incidents. Staff we spoke to told us they were confident in reporting incidents and lessons learned were shared at the weekly training meetings.
- Staff told us of examples where incidents had happened and how the managers and other staff had supported them.
- At the time of inspection there were no never events or serious incidents identified since the provider had taken over the service.

Safety performance

- The service safety performance over time was monitored by the provider. Data was extracted from the service computer system and a monthly report was sent to the location each month for review. The report included the number of positive tests for chlamydia, gonorrhoea, syphilis.
- The service benchmarked gonorrhoea and syphilis figures for the service with Public Health England (PHE) to identify trends for potential outbreaks,
- Between March 2018 and April 2019 there were four occasions where the service figures were higher than PHE figure. December 2018 for gonorrhoea, October 2018, November 2018 and January 2019 for syphilis.

Are community health (sexual health services) effective?

(for example, treatment is effective)

Good 

We rated it as **good**.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice.** Staff protected the rights of patients in their care. The service followed BASHH guidance.
- The service accessed guidance and training from The Faculty of Sexual and Reproductive Health Clinical, which are accredited by the National Institute of Health and Care Excellence (NICE).
- The service had a representative who was engaged with regional and national sexual health networks.
- The service had a training matrix which focused on the BASHH competencies, which was monitored by the registered manager.
- The service had an annual clinical audit plan which included medicines management, safeguarding, record keeping and infection prevention control. Results were overseen by Spectrum head office and monitored where improvement was needed.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment.** They used the findings to make improvements and achieved good outcomes for patients. The service monitored patient outcomes and key performance indicators. A monthly report was produced and tracked the previous 12 month period to look for any trends and concerns.
- The service used a range of care pathways to ensure patients received appropriate care and treatment.
- The service completed the required data submissions to the Genitourinary Medicine Clinic Activity Dataset (GUMCAD). GUMCAD is the mandatory surveillance system for sexually transmitted infections in England.

Community health (sexual health services)

- Patient outcomes were monitored at provider level but each month the service was sent a report that helped them look at areas they needed to.
- The service had performed an audit on emergency contraception dated 2019 and achieved good results.
- The service monitored the testing of patients in line with Public Health England figures for gonorrhoea and syphilis to identify any out breaks in the local area.

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 service provided training and development for staff to ensure patients were seen by staff with the right skills and knowledge.
- Staff had annual appraisals that included a personal development plan and revalidation review for nursing staff.
- All staff told us they felt competent and well supported with their training needs. Staff told us they had protected time for learning and development every Thursday afternoon.
- Staff were given supervision and one to one meetings when needed and told us they were given opportunities to develop.
- The service had a robust process for recruitment. However, following our inspection we raised concerns about the transfer of undertakings (protection of employment) known as TUPE process.

Multidisciplinary working and coordinated care pathways

- **All those responsible for delivering care worked together as a team to benefit patients.** They supported each other to provide good care and communicated effectively with other agencies. The service had comprehensive care pathways with other agencies for safeguarding young people and vulnerable adults.
- The service had clear referral protocols for people who had more specialist service needs, These included coil

fitting, counselling services and vaccinations. Other specialist services for external referrals included rape support, smear tests and for people who had been abused.

- The service worked with a local hospital for gynaecological referral pathways and blood test results that were electronically downloaded.

Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- The service had a Relationship Sex Education (RSE) team that promoted sexual health in school and worked in partnership with other agencies to reach vulnerable patients.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- **Staff supported patients to make informed decisions about their care and treatment.** They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff understood how and when to assess whether a patients had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent. We reviewed a capacity assessment completed prior to our inspection which contained both stages of assessment.
- Consent was obtained in line with the Faculty of Sexual and Reproductive Healthcare guidelines. We observed staff gain consent verbally from patients during the consultation. We reviewed seven patient records on the electronic system and saw consent had been documented.
- Before an invasive procedure such as a coil fitting, consent was gained during the initial assessment meeting with a clinician and again before the procedure was carried out. Staff we spoke to were aware of and understood the Gallick competence assessment and Fraser guidelines. The Gallick competence assessment assesses patients under the age of 16 years ability and understanding of the

Community health (sexual health services)

implications of their decisions. The Fraser guidelines refer to the provision of contraceptive advice and treatment for children and young people without their parents consent.

Are community health (sexual health services) caring?

Good 

We rated it as **good**.

Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.** Feedback from patients was positive about the ways staff were sensitive to their needs and the way staff treated them.
- We saw staff supported patients with compassion, kindness, respect and spoke to patients in a respectful way,
- Staff we spoke to demonstrated a good understanding of patients' personal, cultural, social and religious needs.
- We spoke with 11 patients who confirmed they had received compassionate care and staff had taken account of their individual needs.
- All patients spoke positively about their experience at the clinic and would recommend the service to family and friends.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress.** Emotional support was provided to patients of all ages. We observed staff explaining procedures during the consultation so patients were aware of what was going to happen.
- Staff were aware patients could be anxious attending appointments and talked to them in a calm and reassuring manner, taking time during the consultation to answer questions and go at a pace the patient was comfortable with.

- We heard an example where a patient disclosed a distressing experience that had happened previously and felt comfortable to disclose this to the clinician where they were supported and appropriate referrals were made.
- The service provided counselling service and referred patients to other support services, including HIV support and other counselling services for abortion, domestic abuse and rape crisis.

Understanding and involvement of patients and those close to them

- **Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.** Patients could attend with those close to them, however, patients were seen individually to gain consent for treatment
- We observed staff discuss care and treatment with patients. Staff confirmed advice and treatment patients were happy to proceed with and we saw evidence of this documented in the electronic patient records we reviewed.
- We observed nine patient consultations and saw patients received a full discussion of treatment options available to choose from.
- Patients were asked how they would like to receive test results. Most chose a text message because it was most convenient.

Are community health (sexual health services) responsive to people's needs? (for example, to feedback?)

Good 

We rated it as **good**.

Planning and delivering services which meet people's needs

Community health (sexual health services)

- **The service planned and provided services 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.**
- The service worked with local commissioners to plan and deliver the services to meet the people's needs. At the time of inspection the registered manager told us plans to improve the service were in development to meet the needs of patients travelling out of the area to access the service.
- The service had added additional clinics to meet the people's needs from March 2019. The service recognised that they wanted to evolve the service to meet the needs of the local and wider community and were currently in discussions with commissioners about this. For example reviewing service provision provided at the satellite sites and their locations.
- The service recognised and understood the challenges they faced in planning and delivering services to meet people's needs. The service also had plans to look at the service opening hours to meet peoples needs by offering more flexibility with later appointment times. The service was a fully integrated sexual health service which meant that clinics were available to deliver contraceptive care, sexual health services and genito-urinary care.
- Patients attended the service outside of Wigan and Leigh areas and we were told on inspection the level 2 service at Leigh was under review to provide a level 3 sexual health service to accommodate the additional patients travelling to the area to access the service. As part of the transformation work the service were working alongside the Commissioners to understand the impact making Leigh a level 3 service would have.
- The service was not commissioned for cervical screening (smear test), but these were undertaken opportunistically when required.
- **The service was inclusive and took account of patients' individual needs and preferences.** Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service did not offer specific walk in clinics for patients with learning disabilities. Staff told us patients who had learning disabilities were seen by appointment with medical staff or referred to the outreach nurse service. We heard examples of when patients had attended and were seen as soon as possible to minimise any distress and upset the patient may experience.
- Two youth drop in clinics were held on Monday and Wednesday at Wigan between 2pm and 5pm for children and young people under the age of 18 and they were provided with a separate waiting area.
- The service website directed patients to an NHS postal screening service for chlamydia, syphilis, HIV and gonorrhoea. The screening kits could be ordered online and results were given by text or phone. This service was free for some patients dependant on age and area where patients lived. If the commissioning arrangements were not in place for free testing patients were required to pay for this service. The service had a comprehensive website that provided information about child sexual abuse, relationship and sex education, abuse and rape, sexual transmitted infections and sexual health videos. The information included telephone numbers and addresses to access national supporting services.
- The service had baby changing facilities available for mothers using the service. To access this facility the key had to be requested as from reception as the door was kept locked.
- The service was working with the RSE team to support vulnerable groups such as those living in supported accommodation and education in secondary schools.

Meeting the needs of people in vulnerable circumstances

Access to the right care at the right time

- **People could access the service when they needed it and received the right care in a timely way.** Patients had access to a range of clinics at different times. The service had printed leaflets with detailed

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opening times and location of the clinics. This was also found on their website. The service introduced additional walk in clinics to support the increased needs of the service in March 2019.

- The service provided open access and was available to anyone regardless of local or legal residency status. Opening hours ranged from 08.30am until 6pm covering Monday to Saturday. Access was provided by walk in clinics or by appointment.
- The service had 48 hours access in line with the National Sexual Health Service specification performance indicator. Patients received a treatment plan, intervention and any follow up care required as a result of the initial presentation on the day of attendance.
- The service monitored appointment booking. During the period of March 2018 and April 2019, 6.2% appointments were cancelled by the patient, 1.2% appointments were cancelled by the service, 4.7% of patients did not attend and 0.8% of patients left without being seen.
- The service started to record the number of patients who were diverted from the service in April 2019 when the walk in clinics reached capacity. We saw this happen on inspection. Patients were screened at reception and if they met certain criteria were seen for a triage appointment. If they did not meet the triage criteria patients' were offered an appointment, diverted to their GP or other local service.
- The service had a range of staff including health care assistants, qualified nurses and clinicians who provided a wide range of services and high level of expertise.
- At the time of inspection coil fitting waiting times had increased from two to ten weeks due to other service changes. The service was managing the increased activity and waiting lists were reviewed on a daily basis.

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. The service included patients in the investigation of their complaint.

- We reviewed eight complaints made against the service during the period of July 2018 to February 2019. Of these, three were formal complaints of which one was upheld. The service had clear processes in place for receiving and acting on complaints. The service identified most of the complaints were in relation to access to treatment and appointment delays and in March 2019 additional clinics were provided by the service.
- Staff were aware of the complaints procedure and could direct patients who wished to make a formal complaint. Staff told us they would try and resolve concerns and issues locally in the first instant. We saw informal complaints were recorded by the service and acted upon.

Are community health (sexual health services) well-led?

Good 

We rated it as **good**.

Leadership of services

- **Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issued 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.**
- Staff told us they knew who to approach to seek advice and guidance.
- All staff described service leaders as approachable and supportive. We saw managers were passionate and knowledgeable about their role and responsibilities.
- The service leads were aware of the most current issues within the service and were working closely with the commissioners to develop a future business plan for the service.

Community health (sexual health services)

- The provider had lead quality roles at corporate level which included director of nursing, head of nursing, safeguarding named nurse, professional lead for infection prevention and control, quality lead for patient safety and quality lead for improvement who had overall accountability.
- The corporate roles were supported by quality facilitators, safeguarding lead, quality assurance assistant and quality assurance administrator and linked into the service leads.

Service vision and strategy

- **The service had a vision for what it wanted to achieve and were working toward a strategy to turn it into action, developed with all relevant stakeholders.** The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- The vision was to aspire to achieve the best health and wellbeing outcomes for clients and place individuals, families, carers and communities on the road to rehabilitation, recovery and integration.
- The team had worked hard to provide a fully integrated sexual health service since they had taken over the service from another provider.
- The service vision included a fully integrated comprehensive sexual health service that was accessible to all. These included relationship and sex education as part of a community outreach team and have satellite sites in areas of deprivation.
- Staff were aware of the changes to the service provision following the transfer of services from the previous provider. Staff knew the vision and strategy of the service and the challenges surrounding them.
- Due to recent local changes and increased activity the service were aware they needed to work with local commissioners to achieve a workable strategy.

Culture within the service

- **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.

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff told us since the provider has taken over the service they had seen improvement in staff support and wellbeing. They told us they had initially felt apprehensive about the transfer process, but had seen the service provision develop to meet the needs of the community.
- Staff worked hard to improve the sexual health service provided and meet the needs of the local people. There was a focus on improving sexual health outcomes embedded in the culture of the service.

Governance, risk management and quality measurement

- **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.**
- The service had systems and processes in place to monitor risk and performance. Risks were identified, reviewed and where needed mitigation was put in place. The highest risk on the risk register was staffing and recruitment plans were in place to mitigate this risk.
- Staff were aware of the governance arrangements within the team. Weekly team meetings were held to share information and learning.
- The leaders were aware of the service and locations provided by other organisations and the impact they had on providing the service at Wigan and Leigh walk in clinics. Additional clinics had started in March 2019 to meet the increased need.
- The service had emergency procedures in place for computer down time and assessed service changes for the impact on safety.

Community health (sexual health services)

- The service sat within the community sexual health services division within the provider organisation and were overseen by the community operational group and senior operations group who reported to the quality assurance and patient safety committee at board level.
- The provider had several groups to oversee governance, risk and quality of the service. These included quality, safeguarding, medicines management, integrated clinical governance, health and safety, data protection, equality and diversity, workforce development and workforce health and wellbeing.
- The provider nursing and quality team managed the National Institute for Health and Care Excellence (NICE) guidance and Central Alerting System (CAS) alerts. NICE provides national guidance and advice to improve health and social care. CAS is a web-based cascading system for issuing patient safety alerts. The provider had introduced a new database to support the logging and tracking of alerts.

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.** Staff participated in team meetings and had protected time each week to engage with the managers. Staff felt the engagement with leaders had improved following the transfer of service.
- The service worked with partner organisations to improve access to sexual health services and reach vulnerable groups in the community. This included working with local schools.
- The service had updated the feedback forms for patient experience to make them more user friendly and increase the return rate. The service had seen an improvement in the return rate following the improvement made.

- Feedback from patients included having music in the reception areas, additional walk in clinics, clinics for young people and more information about the service. The reception areas now played the radio, two additional young people clinics were added and more information about the service was displayed in the waiting areas.

Innovation, improvement and sustainability

- **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 where possible.**
- The service worked to BASHH and faculty standards and incorporated changes into the service. Staff were keen to improve the service and maintain high standard of care for patients.
- The service had started to give the Human Papilloma Virus (HPV) vaccine for men who have sex with men, following work done by the clinicians. Information was provided at the clinics and could be sent by links in a text message if requested.
- The service attended integrated public health meetings for schools and worked on task and finish groups across the area to bring the public health services together. Staff told us they had been asked to attend strategic meetings across local partnerships to showcase the service.
- The service had links with local schools and provided sex education. The service out reach team had plans to adapt the programme to make links with other schools and disadvantaged groups.
- The service recognised the increase in demand with current staff shortfalls and had considered the future sustainability and improvement of the service.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should continue to work with local agencies and commissioners to meet the needs of the local people.
- The provider should continue to improve staff recruitment.
- The provider should store hazardous sample containers securely before use.