

Thames Valley Vasectomy Services Ltd

# Thames Valley Vasectomy Services

## Inspection report

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Outpatients Dept  
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## Overall summary

We carried out an announced comprehensive inspection on 10 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing safe care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

### **Our key findings were:**

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the service accessible and responsive to their needs. The service was adaptable and flexible in dealing with individual circumstances.

# Summary of findings

- Complaints were investigated and responded to in line with guidance, although verbal interactions were not documented.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Ensure the safeguarding children policy and process is embedded.
- Review complaints processes to include verbal interactions and document them according to guidance.

There were areas where the provider could make improvements and should:

# Thames Valley Vasectomy Services

## Detailed findings

### Background to this inspection

Thames Valley Vasectomy Services Ltd is registered with the CQC as an independent health care provider. The service operates from rented clinical rooms in a local hospital in Maidenhead, Berkshire:

St Marks Hospital

Outpatients Dept

St Marks Road

M Maidenhead

Berkshire

SL6 6DU

The opening hours are Wednesdays and Fridays from 8am to 6pm. A dedicated telephone line can take queries and book consultations and procedures Monday to Friday from 10am to 5pm.

As well as “no-scalpel” vasectomies, the clinic can also remove minor lumps and bumps.

This inspection was undertaken on 10 October 2018. The team was led by a CQC lead inspector who was accompanied by a GP specialist advisor with experience of minor surgery and vasectomy.

Prior to the inspection, we informed the local Clinical Commissioning Group and local Healthwatch and asked them to send us information. We also asked the provider to send us information.

During the inspection we spoke with two vasectomy surgeons, the practice manager and a nurse. We also received written feedback from three administration staff and two nurses.

We asked for feedback from patients about their experience of the service. We received 49 comments cards and 14 online responses. All the feedback received was positive about the care and support received.

To get to the heart of patients’ experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

### Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. There was a comprehensive adult safeguarding policy and all staff knew how to access this. Although the service was for adults aged 18 or over, the service had recently introduced a child safeguarding policy (this is in line with best practice guidance for services where adult patients are parents, guardians or carers of children). The child safeguarding policy had been localised to the service and included contact details for both the East Berkshire and Buckinghamshire safeguarding teams. Staff had been informed of the new policy and it was available on the service computer system.
- All the clinical staff worked in other services on days when the Vasectomy clinic was not open. The variety of experience and knowledge enabled positive engagement with external agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. All staff who required one had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a chaperone policy in place and the nursing staff carried out this role.
- There was an effective system to manage infection prevention and control. The practice manager had clear oversight and communication with the hospital trust who were responsible for maintaining the facilities used by the service. The service had carried out their own infection control audits and all staff had received up to date infection control training.

- Arrangements for managing waste kept people safe. The service had arrangements in place to leave clinical waste (including sharps bins) in the hospital sluice room for collection. Any equipment requiring sterilisation was sent off site.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. The service had a pre-clinic and post clinic checking form which was completed every day the service was open (Wednesdays and Fridays). This ensured any problems with the facilities were identified quickly.

### Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. Staff would cover each other for holidays and sickness. There were arrangements in place to ensure the service could continue in the event both the doctors were off at the same time.
- All clinical staff had appropriate medical indemnity cover.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. We were shown a management of anaphylaxis policy which outlined an injectable medicine to use at the onset of symptoms. (Anaphylaxis is a life threatening allergic reaction). The guidance did not clearly indicate the dosage of the medicine to be given and could result in an inappropriate dose being administered in an emergency. The service reviewed and amended the document on the day of the inspection to ensure all staff were aware of the recommended dose.
- Staff understood their responsibilities to manage emergencies on the premises. Clinicians knew how to identify and manage patients with severe infections including sepsis. Patients were given aftercare instructions and an information pack to take home with them, including how to observe for signs of infection. Patients were given contact details to access the service out of opening hours. When this line was closed, patients were directed to the NHS 111 service.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

# Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Patients were asked a series of questions (or asked to complete an online questionnaire) in advance of their procedure to ensure the service was aware of their medical history, medications and any support or special needs requirements. This enabled the service to adapt to any specific needs and ensure staff were aware.
- The service had invested in a computerised record keeping system in June 2018. All paper records were in the process of being added to the system and were securely stored away from the hospital site.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- Patient identity was verified for every contact with the service. The majority of patients seen at the service were referred by their GP and photo ID was not deemed necessary.
- The service had systems for sharing information with staff and other agencies, where necessary.

## Safe and appropriate use of medicines

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

- The service did not prescribe or dispense medicines other than those used for emergencies. All the emergency medicines we saw were in date, fit for use and appropriate for the types of emergency that may occur.
- The service had a secure area within the hospital to store dressings and an injectable medicine used by the doctors for the procedures.

## Track record on safety

The service had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The service had suitable oversight of hospital risk assessments and the practice manager met with the hospital facilities and estates team regularly.
- The service monitored and reviewed safety using information from a range of sources.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We saw examples of incidents raised by all staff groups.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety. For example, the service introduced pre- and post-checking forms after a piece of equipment was left in the room after the clinic had finished.
- The service shared incidents with external stakeholders for additional discussion and learning.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was a log of alerts received from the Medicines and Healthcare Products Regulatory Agency which identified which alerts had been acted on and by whom. It also showed alerts that had been considered but found not to be applicable to the service.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if they developed any post procedure symptoms or concerns and where to seek further help and support.

The service had systems to keep clinicians up to date with current evidence-based practice. One of the doctors was the president of the Association of Surgeons in Primary Care (ASPC) and other clinical staff were also members. Both doctors and the practice manager had attended ASPC conferences and events and had shared learning throughout the service.

The nurses were trained in-house and felt supported and encouraged to bring their knowledge, experience and evidence based practice from other providers they worked for. For example, one of the nurses suggested a different dressing could be used which may reduce post procedure complications. The service trialled the new dressing and decided to continue using it as it was an improvement on the previous one.

### Monitoring care and treatment

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The service offered data to the ASPC to compare with other services nationally.

- The service was actively involved in quality improvement activity and undertook annual audits of the side effects of vasectomy. The last audit (2017) demonstrated 0.14% of patients had reported an infection after the vasectomy procedure, compared with

the ASPC average audit results of 1.10%. In addition, there had been no reports of post procedure haematoma, compared with the ASPC audit results of 1.9%.

- The service used information about care and treatment to make improvements. For example, the service had reviewed side effects of minor surgery in 2016 and 2017. The results showed there were less than 1% of patients who reported any side effects (infection, haematoma or pain) over the two cycles of audit.

### Effective staffing

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

- Staff had appropriate knowledge and training for their role. For example, one of the nurses was qualified in children's nursing. The service had ensured they had received training and had the appropriate skills to undertake nursing care of adults.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

### Coordinating patient care and information sharing

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment. For example, a nurse saw the patient pre-procedure and followed them through the surgery and into recovery, to ensure continuity of care.
- The service shared information with patients own NHS GPs and other stakeholders, where necessary. We saw an example where one of the surgeons responded to an external healthcare service to discuss a post procedure complication.
- Patients received coordinated and person-centred care. Patients were contacted and given written information before the procedure. Post procedure information and

# Are services effective?

(for example, treatment is effective)

advice was given to the patient before they were discharged. Contact details for the service were clear and patients were advised they could contact the service at any time with questions or concerns.

- Patient samples were sent to an external (off site) laboratory for testing. Post procedure, patients were instructed how to send a sample to the laboratory and to complete an online form to inform the service a sample had been sent. The service ensured a result was received for every sample sent. Results were sent to patients by letter. The service ensured they had the correct address and contact details before this was sent.

## **Supporting patients to live healthier lives**

Staff were consistent and proactive in helping patients to live healthier lives.

- The service asked patients to identify any health concerns or disabilities before the procedure so the service could ensure there was suitable access.
- Patients were offered lifestyle advice, where necessary, and informed of activities to reduce or consider ceasing before the procedure.

## **Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Patients were sent a pre procedure consent form to read through a few weeks before the procedure date. This enabled patients to ask questions and consider if the procedure was appropriate for them. Patients confirmed their consent on the day to the surgeon and advised they could stop the procedure at any time. The patients partner or spouse could stay with the patient during the procedure and the service encouraged them to be involved in the decision-making process.
- The service monitored the process for seeking consent appropriately. Consent audits were undertaken twice a year.



# Are services caring?

## Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.

The service offered patient feedback through a “real time” online survey. The results could be seen in real time and any patient comments or suggestions considered. The figures were regularly collated and reviewed. In the year to October 2018 patient feedback was highly positive:

- 99% of patients felt the service was good or very good for listening and alleviating fears. This was comparable to the previous year's results of 100%.
- 100% of patients said they felt the quality of the nursing aftercare was good or very good.
- 99% of patients felt the environment was friendly and warm. The figures from 2017 were also 99%.
- 98% of patients responding said they would recommend the service.

We received 14 online responses and 49 comments cards as part of this inspection, which were all positive about the service. Patients commented on how helpful, professional and caring all the staff were. Comments included how the staff were skilled at helping patients relax and putting them at ease. Many patients told us they had been kept informed throughout and had the opportunity to ask questions. Patient comments received by the service aligned with these views.

### Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand and had access to a variety of communication materials. We were shown an example where a patient with a sensory impairment was offered information in a format suitable for their needs.
- The service proactively identified patients who needed additional support. For example, a GP referral had identified a patient had a sensory impairment which was highlighted by the administration staff to the service clinical team, so they could offer additional support and ensure suitable communication arrangements were in place.
- Comment cards and feedback we received reflected patients felt involved in decisions about their care and treatment. We were told the service was informative and helpful and offered explanations that were easy to understand.
- The service offered suitable time to patients to decide about having a vasectomy. If a patient was uncertain at any time up to the point of the procedure, they could ask not to proceed or make another appointment. The service encouraged patients to discuss the procedure with their partners/spouses who were also invited to accompany the patient through the procedure itself.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- Patients were offered the opportunity to have all their questions and concerns answered throughout the process. They were encouraged to consider the benefits and consequences of the procedure. Partners/spouses were also encouraged to be involved and could accompany the patient through the procedure.
- Once patients had entered the pre- assessment room with the nurse, they were accompanied to the procedure room and recovery room via a private corridor away from the waiting room.
- Comment cards and written feedback we received demonstrated patients agreed staff treated them with dignity and respect.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

### Responding to and meeting people's needs

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

- The service had real time feedback from patients which enabled them to adapt services quickly and appropriately.
- When patients provided feedback, the service involved staff in discussing any changes in practice or service provision and reviewed the positive and negative aspects before reaching a consensus decision. For example, patient feedback included some patients wanted to know more information during the procedure and other feedback stated they wanted less. The staff discussed this and agreed to ask patients in the pre-assessment how much information and explanation they would like to receive during the procedure. Individual needs were then catered for.
- The service was aware of the accessible information standard and responded to patient needs when required. For example, one of the nurses had recognised a gap in looking after patients with cognitive impairment, such as autism. She had taken the lead role for accessible information for the service and had organised a presentation to staff for looking after patients with autism.

### Timely access to the service

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

- Patients could access the service administration team via a dedicated telephone line which was manned from 9am to 5pm Monday to Friday. Clinics ran on Wednesdays and Fridays from 8am to 6pm. Out of core hours, patients were given a mobile telephone number to call if they required help or support. When the mobile was turned off, patients were directed to contact the NHS 111 number.

- Patients were contacted by the administration team to review their needs and arrange the appropriate paperwork. Appointments were made at a time and date convenient to the patient.
- NHS patients were offered their procedure within the recommended 18 weeks waiting period. The service had reviewed feedback from patients which showed most patients (93%) were seen within six weeks and 4% were seen within 10 weeks. There had been no incidents of patients waiting beyond 14 weeks to have an appointment.

### Listening and learning from concerns and complaints

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

- The complaint policy was in line with recognised guidance. The complaints we saw were thoroughly investigated, an apology was offered to the patient and the service explained what actions had been taken to mitigate the situation arising again. However, we noted the complaints responses did not contain details of the health ombudsman for NHS patients and suitable alternative for private patients. The service added this to their template responses after the inspection.
- The service responded to verbal complaints in line with the policy, but was unable to provide evidence of these as they had not been documented. The practice manager agreed to review this arrangement after the inspection.
- We saw patient notes where complaints had been logged and the complaints log was aligned with the significant events log to enable the service to have an overview of all concerns raised within and externally to the service.
- The service learned lessons from complaints and acted on them to improve the quality of care. For example, staff were offered training and support on verbal communication techniques after a complaint relating to staff attitude on a telephone call.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately and discussed learning and reflections at regular team meetings.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that this service was providing well led care in accordance with the relevant regulations.

### Leadership capacity and capability

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

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

### Vision and strategy

The service had a clear vision and strategy to deliver high quality, sustainable care.

- 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.
- The service put their patients first before financial gain. If a patient had paid for a procedure that was not viable, the service would offer a full refund. Charges were displayed clearly on the service website.
- The service had plans for the future and was reviewing options to expand the service to meet increasing demand for both vasectomy and minor surgery.
- The practice monitored progress against delivery of the strategy and this was reviewed at monthly board meetings and regular staff meetings.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The culture of the service encouraged candour, openness and honesty. We saw an example of a duty of candour incident on the significant events log.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The service involved all staff in discussing issues and concerns at regular team meetings.
- Staff we spoke with told us they were able to 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 had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of the service promoted co-ordinated person-centred care.
- The service held regular clinical governance meetings where issues and concerns for action were discussed and recorded. The practice manager had devised a clinical governance action plan which was updated regularly and monitored to ensure actions had been completed and processes embedded.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies were regularly reviewed and at least two per month were emailed to all staff to ensure they remained up to date with any changes.

### Managing risks, issues and performance

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Regular audits, staff meetings and real time patient feedback enabled a proactive approach to safety and mitigated risks.
- The service had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- The practice manager had oversight of the hospital risk assessments and held regular meetings with the hospital estates and facilities team.
- The service considered and understood the impact on the quality of care of service changes or developments. Staff were involved in discussing the future of the service and could offer ideas for service development.

## **Appropriate and accurate information**

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service had arrangements in place for retaining records.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service had undertaken a staff survey to receive staff views and opinions on the service. Staff reported they felt supported and valued in their role and received positive leadership. All staff felt the service was patient focused and offered high levels of patient care. Staff agreed they were involved in the service values and it's future.
- Patient feedback was offered in "real time" which enabled the service to monitor and review feedback at the time it was given. The service considered all points and discussed if any changes should be made to process or policy with staff. For example, a patient commented that the instructions for pre-procedure preparation should be clearer. The service discussed this with staff and decided to include clearer instructions on the patient leaflet. Another patient commented on no detail about car parking charges at the hospital and this was also included on the pre-procedure leaflet.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement across all staff groups.
- The practice manager was due to lead a nurse forum at the next Association of Surgeons in Primary Care conference.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- All staff were encouraged to take time out to review individual and team objectives, processes and performance. Staff actively contributed to the delivery of the service, through suggestions and ideas for improvement.