

Central and North West London NHS Foundation Trust

RV3

Community health (sexual health services)

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RV3EE	Stephenson House	Margaret Pyke Centre	NW1 2PL
RV3EE	Stephenson House	Archway Clinic	NW1 2PL
RV3EE	Stephenson House	Bloomsbury Clinic	NW1 2PL
RV3EE	Stephenson House	Mortimer Market Clinic	NW1 2PL
RV3EE	Stephenson House	Hillside Clinic	NW1 2PL
RV3EE	Stephenson House	Clash Clinic Soho	NW1 2PL

This report describes our judgement of the quality of care provided within this core service by Central and North West London NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Central and North West London NHS Foundation Trust and these are brought together to inform our overall judgement of Central and North West London NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Outstanding	☆
Are services caring?	Outstanding	☆
Are services responsive?	Outstanding	☆
Are services well-led?	Good	●

Summary of findings

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Summary of findings

Overall summary

We rated sexual health services as **outstanding**.

Patients were receiving safe care from appropriately trained, qualified and skilled staff. An extensive programme of training was in place. Staff confirmed that this prepared them for their roles and responsibilities.

All the patients we spoke with told us they were very satisfied with the care and treatment delivered to them, and felt included and involved in their care. The services were easily accessible and staff really focused on the individual needs of each patient.

Care and treatment provided to all patients were based on national guidelines, directives and research. The care and treatment was audited to monitor its quality and effectiveness, and where needed action had been taken to improve the service.

Managers were dynamic, inspiring and approachable and gave support daily not just when required.

The services were a centre for national and international research and innovation. This meant that patients were benefitting from this work and receiving the latest treatment from staff who were committed to improving care and treatment for patients across the world.

Summary of findings

Background to the service

Background to the service

The sexual health services provided by Central North West London (CNWL) NHS Foundation Trust were a fully integrated service encompassing genitourinary medicine, sexual and reproductive health and HIV care across 30

centres in London. This included three main clinics and extensive outreach into the prison and community to deliver service to those at greatest need in more appropriate locations.

We visited six clinics in total across a variety of city locations at Mortimer Market, Archway, Margaret Pyke, Hillside, Bloomsbury and the Central London Action on Sexual Health (CLASH) in Soho.

Our inspection team

Our inspection team who inspected the sexual health services was made up of four people: a Care Quality Commission (CQC) inspector with a background in nursing and midwifery, two specialist advisers with

extensive knowledge and experience in genitourinary medicine and HIV research and treatment at national level and an expert by experience in substance addiction and abuse.

Why we carried out this inspection

We inspected this core service as part of our comprehensive community health services inspection programme.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

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

During the inspection visit, the inspection team:

- visited the services and looked at the quality of the environment and observed how staff were caring for patients

- spoke with 36 patients
- spoke with 9 managers
- spoke with 107 staff
- We held four focus groups with, junior doctors, sexual therapists, administration teams and nurses.

We also:

- looked at care records of 9 patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of findings

What people who use the provider say

Most people using the service told us they were receiving a good standard of care supplied by caring and friendly staff.

Out of the 53 CQC comment cards that had been left in various clinics throughout the service not one contained a negative comment, which is extremely unusual.

Comments included feedback on the professionalism and caring approach of the staff, the attention to the welfare of patients, the pleasant and clean environment and the ease of booking appointments.

Good practice

- The sexual health services participate in a wide range of research and innovation both nationally and internationally. This means that the patients who use these services have access to some of the latest approaches to meet their individual needs.

Areas for improvement

Action the provider COULD take to improve

Central and North West London NHS Foundation Trust

Community health (sexual health services)

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

We found safe **good** because:

Staff recognised the importance of reporting and learning from incidents.

Safeguarding procedures were being used with confidence and the services were aware of when they needed to support people to access other services where they had been victims of abuse.

Medication was managed safely. Patient records were maintained securely.

Incidents, reporting and learning

- Staff reported incidents through the trusts electronic reporting system. This was actively encouraged by the trust and by managers. Staff we spoke with told us they received feedback from line managers within 48 hours of reporting incidents and gave us many examples of changes in practice that had occurred as a result.
- For example, member's of staff reported that Benzathene penicillin injections were resulting in an

increased number of needle blockages. The issue was escalated to Medicines and Healthcare Products Regulatory Agency (MRHA) and discussed with other providers in other trusts who were encouraged to report any issues. As a result it was discussed with a national professional body the British Association of Sexual Health and HIV (BASHH) and new needles were being trialled.

Safeguarding

- All clinical staff had completed level three safeguard training. The sexual health services had a safeguarding lead and staff said this person was very approachable.
- All staff had undergone disclosure and barring service (DBS) checks prior to offers of employment being made.
- We saw evidence of initiatives being used to improve patient safety. For example the service was aware of child sexual exploitation, female genital mutilation

Are services safe?

(FGM), domestic violence and radicalisation. There was a robust system in place to raise questions and concerns. Affected patients were signposted to appropriate services for help.

Staffing levels and caseload

- There were very few staffing vacancies across sexual health services. The service used its own group of bank staff when required and rarely used agency staff.
- Patient numbers were increasing and we were advised by staff this was mainly due to the popularity of the service. For example, the Bloomsbury Clinic, within the Mortimer Market Centre which offered comprehensive care to patients living with HIV, had a current cohort of 4,500 patients. It was increasing in size due to new diagnosis and patients transferring their care from other treatment centres. From April 2014 to February 2015 there had been 152 new diagnoses, 156 patients returning to care and 160 patients transferring from elsewhere.

Medicines Management

- There was safe medicines management and some clinics had access to on-site pharmacies.
- Drug fridge and room temperatures were being checked daily. One room used for storing medication was too hot so fans had been brought in to help cool it. We saw that the drugs had been removed whilst awaiting for the work to ensure the correct temperature was achieved.
- Medication was being stored safely within appropriate locked cabinets within lockable rooms.
- All qualified nurses and health advisors who supplied and administered medications had undertaken patient group directive (PGD) training. This gave them knowledge of the legal framework, labelling and storing, evidence to support best practice and how to report adverse reactions.

Records systems and management

- The sexual health, reproductive health and HIV clinics used a bespoke electronic record management system and had been paperless for many years.
- We looked at nine sets of patient notes on the system and found them to be signed dated and up to date. We observed 17 patients notes being electronically updated during consultations and by support workers who were phoning and texting patients their results. Data entry was proforma driven to ensure that all important fields were completed. We also noted that all computers had been appropriately logged off when unattended.
- The system is used across all clinics and enables patients to obtain care at any of the sites as staff can access their records.
- When fully integrated this system will help to facilitate audit, monitoring of activity and quality. It will have the ability to create work lists tailored according to the area of work and on-line appointment bookings.

Safety of buildings

- All staff had been provided with personal alarms and we saw well placed panic buzzers across all the clinical areas we inspected.
- Mortimer Market and Archway had on site security guards. Other sites had allocated meet and greet staff. The non-clinical areas of the building could only be accessed by staff using swipe cards. Out of hours everyone has to identify themselves to the security guard and contract maintenance staff have to sign in before accessing non-clinical areas.
- A patient at the Margaret Pyke Centre felt that the access footpath to the clinic was too dark at night. The planning team told us they had visited the lane at night and thought the lighting was adequate but they liaised with local police and street wardens who now have the clinic on their radar and patrol it as part of their rounds. We were told however that people using the service are advised to approach the clinic from another well lit and signposted road. This route appears on the services promotional material.



Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

We found effective **outstanding** because:

Patients using the service had access to care and treatment that was not only in line with national guidance but was also benefitting from the latest research and development.

The clinics were mainly purpose built with patient involvement in their design and had equipment available to meet the needs of people using the service.

The service brought together multi-disciplinary teams who were experts in their field.

Detailed findings

Evidence based care and treatment

- Care and treatment provided were based on national guidelines, directives and research.
- Regular audits took place within the service to monitor the care and treatment delivered to all patients, and actions were identified to improve practice.
- Extensive evidence of local and national audit and quality improvement activity was provided to our inspection team with adherence to British Society for Sexual Health and HIV (BASH) and British HIV Association (BHIVA) guidelines.
- One example of this was at the Bloomsbury Clinic which was the top recruiter to a major European research trial looking to tailor HIV-therapy in those with raised cardiovascular risk.

Use of equipment and facilities

- The facilities across all clinics were outstanding. Most clinics had been purpose built with a great deal of patient consultation and input and all contained equipment to meet the specialist needs of people using the service. If extra equipment was required to provide the service it was forthcoming. For example an ultra sound scanner had been provided for a local prison so female prisoners could be treated at the prison instead of them having to attend clinics and hospitals handcuffed to prison officers.

- Administrative staff told us the new computer system was having an impact on time resources because the booking side of the system was slower. However most staff said the new system was excellent.

Competent staff

- Staff had annual appraisals that identified their individual development needs.
- They received regular managerial and clinical supervision.
- Mandatory training was thorough and advanced training was actively encouraged by management. Staff had regular access to external speakers and protected weekly fully integrated study sessions. This meant staff had a good understanding of the services provided and were supported to perform their roles to a high standard.

Multi-disciplinary working and coordination of care pathways

- The services had developed multi-disciplinary teams who were leaders in their field and who worked very well with each other.
- Patients attending the Bloomsbury Centre had access to a large number of national and international clinical trials through the link with the University College London Centre for Sexual Health & HIV Research.
- The HIV service is part of the NCL HIV Network and has links with a large number of other centres and NHS Trusts: University College London Hospital, Royal Free Hospital, Barnet and Chase Farm, North Middlesex Hospital, Great Ormond Street Hospital for Children, Whittington Hospital, Holloway Prison, Watford and St Albans HIV service, Milton Keynes HIV Unit. This enables the sharing of good practice and research.



Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

We found caring **outstanding** because:

Sexual health services within the trust were caring. Patients were being treated with dignity and respect with a strong focus on their individual needs.

Communication and information sharing were perceived as excellent by all the patients we spoke with.

Patients were offered opportunities to give feedback and be involved in decisions about how the service was provided. A number of changes had taken place in response to this feedback.

Compassionate care

- We observed patients and staff working together in a relaxed and supportive manner. Staff were very aware and sensitive to the needs of the patients.
- Patients were supported to be fully informed and engaged in discussing the options for their treatment. This was particularly evident for patients who had longer term conditions. This was recorded in patients records.
- Staff were very aware of the need to provide emotional support including supporting patients to access counselling and psychological therapies where needed.
- Most clinics had a meet and greet designated person to help sign post patients within the building. This was especially well received by new patients who might be anxious about attending the clinic.

Dignity and respect

- Patients told us they had received excellent emotional support. Patients also told us they were being treated with dignity and respect.
- Patients told us they were able to ask staff questions about their care and treatment.

- There was good use of interpreters, signage in a variety of languages and good wheelchair access and lifts to all the clinics we inspected.
- There was good promotion of self-care and literature to support this in all clinical waiting areas.

Patient understanding and involvement

- Surveys took place to gather feedback from patients with 98% of patients saying they had received excellent care. Quick feedback cards had been devised with tear off tabs and were placed in every clinical waiting area for patients to complete. In some clinics up to 94% of patients returned forms. These said that 76.1 % of patients would be extremely likely to recommend the service to a friend with 20.8% being likely to recommend the service to a friend. These cards were read daily and if any negative comment had been made the patient would be contacted within 24 hour to discuss any concerns. Patients were asked what they felt could improve or what would work better.
- A manager told us that prior to the clinics being redesigned a steering group was put together that included architects, staff and patients. Some patients designed furniture for example, waiting room chairs. Others had helped to decide the clinic layout and cafeteria style waiting rooms to include free coffee machines and WIFI.
- We saw many examples of improvements to the service and changes made as a result of patient feedback. For example, work had been done to reduce clinic waiting times and communication with patients regarding expected waiting times.
- There were a number of user groups and these were actively supported and provided opportunities for the services to get feedback from the patients.



Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

We found responsive **outstanding** because:

Patients could contact and make appointments easily and some clinics were available out of working hours or as a drop in service.

The services were aware of the needs of their patients and were planning new ways to ensure they were met.

Information on how to complain was available. Complaints were investigated and changes took place where needed.

Service planning and delivery to meet the needs of different people

- Services had been developed to meet the needs of people who might have otherwise found it hard to engage with services. An example of this was the TEAM service at the Bloomsbury Clinic for adolescents with HIV transferring from children's to adults services.
- The services were also continuously reviewing and amending their services to reflect the needs of patients. This included management plans for patients with female genital mutilation and men and women who had experienced domestic violence.

Access to the right care at the right time

- The sexual health service was operating a direct referral system across all clinics with appointments normally available within 48 hours. Drop in sessions were also available across most clinics.
- Patients had commented on opening hours being less accessible for people working office hours. As a result opening hours had lengthened and plans were in place to extend opening hours further.
- We saw very good use of face-to-face interpreters across all areas inspected. The trust had a policy of not using family members or children to interpret for adults. We saw evidence of the trust meeting cultural needs: for example, via pictorial information leaflets, signage in a variety of languages and multilingual staff.

Complaints handling (for this service) and learning from feedback

- Information was available to patients on how to complain and complaints were responded to in a thorough manner.
- Patients told us their complaints and concerns were listened to and improvements had been made as a result. One patient told us about how a Lucozade drink was now provided for patients having a particular procedure after a suggestion that they had made.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

We found well led was **good** because:

All staff were positive about the leadership and management across the service. The culture appeared to be open and staff said they were able to discuss any concerns or raise issues.

Information on performance was available to inform the management of the service and ensure robust governance.

The sexual health services are a centre of innovation and excellence which are recognised nationally and internationally. Their work not only contributes to the care of patients they directly see but informs the care of patients across the world.

Governance, risk management and quality measurement

- The managers told us there was access to a range of performance information to support them in managing the services.
- There were clear procedures to share information to facilitate trust governance processes.

Leadership of this service

- Many staff members told us, they had outstanding managers. They felt managers were accessible and addressed issues well.
- Senior managers in the division talked about the challenges of managing services that were experiencing changes in their commissioning arrangements.

Public and staff engagement

- There had been many organisational changes and some staff had said they would like more information. The management team responded by producing a weekly newsletter for all staff. This contained topical issues, news and the patient's compliment of the week. Staff were encouraged to participate and write articles about their specific areas to help inform others.

Innovation, improvement and sustainability

- We saw many examples of innovation and innovative practice throughout multiple areas of the service. For example, the safeguarding lead had researched the next assessment tool for vulnerable young adults on the topic of radicalisation. Other Trusts throughout the country are showing an interest in this work as well as the pioneering work already achieved on female genital mutilation and domestic violence. There were plans being developed to roll this out nationally.
- Trusts from outside the area and Government Health Ministers have visited the CNWL sexual health service and have recommended them as a shining example of how sexual health clinics should be set up and run. The Bloomsbury clinic for people living with HIV is internationally renowned for its treatment based on research and has patients attending from all over the United Kingdom (UK).
- A wide range of specialist clinics had been developed in the Bloomsbury Clinic to address the co-morbidities and the changing needs of those living with HIV. Those most at risk of hospital admission were monitored closely in a dedicated intensive service (PATH – Prevention of Admission to Hospital) to keep them out of hospital by facilitating prompt investigation as an out-patient and intensive multi-professional input led by an expert consultant.
- Children and young adults living with HIV accessing transition services were facing many specific challenges. They required intensive multi-professional input and support. The dedicated service for children and young adults called TEAM was helping to address these needs holistically and flexibly according to individual need and circumstances rather than on strict age-based criteria.
- The Central London Access to Sexual Health (CLASH) team was one of the longest established services in London providing outreach services to sex workers for 20 years and had been based in Soho for 10 years. The service provided health promotion, condoms, sexually transmitted infection (STI) screening and cervical cytology. It acted as a dedicated link for colposcopy (investigation for abnormal cells). It provided

Are services well-led?

contraception including implants and offered advice on safety work, life coaching and counselling. The sexual

health outreach team from CLASH visited flats and saunas. The service saw around 1,200 patients a year and was linked to the other CNWL clinics with the same electronic system allowing full co-ordination of care.