

# The Footmans Cottage

## Inspection report

Castle Park  
Frodsham  
WA6 6SB  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location

Good



Are services well-led?

Good



# Overall summary

**This service is rated as Good overall.** (Previous inspection March 2022 – Good with requires improvement in the key question of well led)

The key question inspected is rated as:

Are services well-led? – Good

We carried out an announced focused inspection at The Footmans Cottage to follow up on breaches of regulations. We followed up on the key question and areas of well led and the breach of Regulation 17.

- At the last inspection (March 2022) we found that the provider must ensure effective governance systems are developed, implemented and monitored to ensure continuous quality assurance and improvement.

We also found that there were areas where the provider should make improvements. These were:

- Implement and monitor a system for demonstrating staff had received appropriate recruitment checks and required training at appropriate intervals.
- Implement and monitor an effective system for reviewing staff training, performance, learning and development needs.
- Appoint an appropriately qualified infection control lead to support the registered manager.

CQC inspected the service on 19 April 2023 and checked these areas as part of this focussed inspection. We found improvements had been made and concerns had been resolved.

The provider Bridgewater Family Planning *Service* Association Ltd offers surgical *vasectomy* procedures for clients in Merseyside and Cheshire across four clinics based in NHS premises.

The managing director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were:

The provider had demonstrated substantial improvements to quality and governance over the last 12 months. There were plans in place for future developments and service improvements supported by appropriate staffing and infrastructure.

At this inspection we found:

- Effective governance systems had been developed, implemented and embedded. The new systems implemented enhanced continuous quality assurance and improvement.
- Systems ensured reporting, analysing, learning and improvement from significant events and incidents. Evidence demonstrated improvements in practice made as a result.
- Quality monitoring and improvement systems were in place including patient feedback, listening and learning from incidents and complaints and a clinical audit program.
- Recommendations had been acted on and the provider now had effective systems for ensuring staff had received the appropriate recruitment checks, required training and development and appraisals.
- An appropriately qualified clinical lead for infection prevention and control had been appointed.

# Overall summary

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

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

## Our inspection team

The inspection was led by a CQC inspector who had remote access to advice from a specialist advisor.

## Background to The Footmans Cottage

The Footmans Cottage vasectomy service operates from office premises located in Castle Park, Frodsham, Cheshire, WA6 6SB. They are also known by the provider's name Bridgewater Family Planning Service Association Limited.

They provide vasectomy services to people in Merseyside and Cheshire from four clinic sites which are located in NHS premises. The provider seeks assurance from the host sites that health and safety of the premises is maintained and compliant.

The sites they operate from are:

Victoria Central Health Centre – Mill Lane, Wallasey

Halton General Hospital, Hospital Way, Palacefields, Runcorn

Fingerpost Health Centre, Atlas Street, St Helens

Aintree Teaching Hospital, Lower Lane, Liverpool

These sites were not visited as part of the inspection.

Opening hours/hours of operation:

Monday – Friday 9am – 5pm Office for enquiries

Saturday and Sunday – 9am – 5pm Clinics

The service is registered with CQC under the Health and Social Care 2008 to provide the following Regulated Activities: Surgical procedures.

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and asked the service to send us a range of information. This included the actions taken following the previous inspection, significant events analysed in the last 12 months and the details of staff employed to include their qualifications and proof of registration with their professional bodies. As part of the inspection, we spoke to the registered manager and reviewed a range of documents.

To get to the heart of patients' experiences of care and treatment, we 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?

At this inspection we focussed on following up the key question of well- led.

# Are services well-led?

**We rated the service as good for being well-led because:**

## **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.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).

## **Culture**

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

- Staff were respected, supported and valued.
- The service focused on the needs of patients.
- Staff were supported by up-to-date policies and procedures including on how to raise concerns and performance development and review.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development.

## **Governance arrangements**

- The provider had invested in, developed and implemented systems and processes to ensure good governance.
- An effective governance framework was now evident.
- Staff were clear about roles. Contracts and job descriptions had recently been reviewed. Systems were in place to ensure all necessary recruitment checks had been made.
- Policies and procedures were kept up to date and available to staff. Revised, re issued and new policies were communicated with staff and the provider monitored staff awareness and understanding of these.
- Policies were audited for effectiveness.
- Staff performance and development policies were in place, annual appraisals took place, training was monitored.
- There was an annual audit program, and we saw examples of completed audits including, patient records, post operative events, patient feedback and safeguarding registers.

# Are services well-led?

- Staff meetings now took place regularly on a monthly basis and were documented, governance meetings also took place. Meeting minutes were distributed to all staff. We saw examples of these which were relevant and appropriate. A standing agenda included staffing, governance, policies and procedures, quality improvement, significant events, complaints and training.

## **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.
- Staff were clear on their roles and accountabilities; job descriptions and contracts had recently been reviewed.
- Proper policies, procedures and activities had been established to ensure safety and the provider assured themselves that these were operating as intended through audit and quality improvement processes.
- An infection prevention and control lead had been appointed to support the provider.

## **Managing risks, issues and performance**

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

- Quality monitoring and improvement activities were evident. There was clear evidence of action to change services to improve quality.
- Clinical audit took place with an appropriate annual audit plan in place.
- Staff were properly trained and developed and undertook annual appraisals and review of performance.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had plans in place and had trained staff for major incidents.

## **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.
- The service submitted data or notifications to external organisations and stakeholders 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.

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

- The service had robust mechanisms in place to gather and assess feedback, views and concerns from patients, staff or external partners.
- We reviewed a significant event analysis which demonstrated lessons learnt and changes/improvements made as a result.
- Patient feedback systems had improved. Appropriate, valid satisfaction surveys were sent out, returned and evaluated.
- Staff feedback was encouraged and obtained through one to one and staff meetings and appraisals.
- Staff training and development had improved, training was monitored, and annual appraisals took place.

# Are services well-led?

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. We were told about service improvements and developments for the future.
- The service was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- An audit program was in place, and we saw some completed audits that demonstrated quality improvement and monitoring, such as patient record audits and post operative events.

There was now a focus on continuous learning and improvement.