

City Fertility Limited

City Fertility Limited

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

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

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

However:

- Staff gave inconsistent information on whom to inform if they had any safeguarding children and vulnerable adults concerns.
- Medicines management audits were not completed frequently, and we found expired medication present.
- The standard operating procedure (SOP) for HyCoSy did not refer to the specific professional guidance and version used to inform the SOP.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

However:

- Staff gave inconsistent information on whom to inform if they had any safeguarding children and vulnerable adults concerns.
- Medicines management audits were not completed frequently, and we found expired medication present.

Diagnostic imaging is the smaller proportion of the clinic's activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

Summary of findings

Diagnostic imaging

Good



Our rating of this service stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

However:

- The standard operating procedure (SOP) for HyCoSy did not refer to the specific professional guidance and version used to inform the SOP.

Summary of findings

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Summary of this inspection

Background to City Fertility Limited

City Fertility Limited is operated by City Fertility Limited. The service provides surgical procedures but has no overnight stays. The hysteroscopy and Hysterosalpingo Contrast Sonography (HyCoSy) are the only two services subject to regulation by the Care Quality Commission (CQC). The service is also licensed by the Human Fertilisation and Embryology Authority (HFEA).

We inspected hysteroscopy, which treats conditions of the womb such as fibroids and polyps and HyCoSy which is an investigation of the fallopian tube. These procedures are done as a part of fertility treatment and are self-funding.

From January 2021 to December 2021 the service provided 64 hysteroscopy and 48 HyCoSy procedures.

The service has a registered manager.

The main service regulated by the CQC was surgery. Where our findings on diagnostic imaging – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 18 January 2022.

The team that inspected the service comprised a CQC lead inspector, an inspection manager and a specialist advisor. During the inspection we spoke with staff, a patient and reviewed documents related to the running of the service.

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

Areas for improvement

Action the service **SHOULD** take to improve:

Surgery service:

- The service should ensure all staff are aware of the safeguarding child and vulnerable adults reporting procedure.
- The service should ensure the expiry dates of medicines are checked frequently and medicine management audits are undertaken frequently.

Diagnostic imaging service:

- The service should ensure all standard operating procedures list the professional guidance referenced and the version used.

Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and found staff had completed their mandatory training (98%).

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included a range of subjects including basic life support, immediate life support and infection control.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

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. However, staff gave inconsistent information on whom to inform if they had any safeguarding concerns.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed that all staff (100%) had received safeguarding training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. A safeguarding children and vulnerable adults policy was available. When asked staff gave inconsistent information on whom to inform if they had any safeguarding concerns. Following our inspection, the service sent us an updated safeguarding policy.

Surgery

Patients we spoke with said they felt safe and were always treated respectfully by staff.

The organisation's recruitment pathway and procedures ensured relevant recruitment checks had been completed for all staff including disclosure and barring service (DBS) check and professional registration checks.

The service had an up-to-date chaperone policy to reflect the changes made during the pandemic.

There were no safeguarding incidents in the previous 12 months.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The service performed well for cleanliness. Instruments that were single use were disposed of correctly. All equipment was cleaned and sterilised after patient contact. Items seen were visibly clean and dust-free and we saw a daily cleaning check list.

Staff followed infection control principles including the use of personal protective equipment (PPE). The clinic provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We reviewed risk assessments, infection control protocols and assurance frameworks introduced as part of the organisation's response to COVID-19. Extra cleaning was introduced to protect against COVID-19 including regular cleaning of high traffic areas and 'touch points'. Hand-washing and sanitising facilities were available for staff and visitors.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists for the consultation and treatment rooms. There were regular audits such as hand hygiene and PPE which showed the service consistently performed to a high standard (100%).

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The clinic had undertaken a Legionella, fire and health and safety risk assessments and developed action plans to mitigate any risks identified.

Staff carried out daily safety checks of specialist equipment. Hysteroscopes were maintained in line with the manufacturer's instruction. Resuscitation equipment was on a purpose-built trolley and was visibly clean. All equipment had been checked daily including the automatic external defibrillator (AED).

The clinic had a procedure for the collection, labelling and handling of specimens. There was a service level agreement with an external provider to process all specimens. Staff were able to describe the process of recording and transporting specimens.

Staff disposed of clinical waste safely. Clinical waste and non-clinical waste were correctly segregated and collected separately.

Surgery

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

Patients were given information explaining how appointments were managed to minimise risks during the COVID-19 pandemic.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The clinic used an a nationally recognised checklist for surgical safety. In December 2021 an audit of the checklist showed 100% compliance.

There was a comprehensive pre-assessment medical questionnaire that was used for all patients. Staff provided patients with an information leaflet on the hysteroscopy service, prior to the procedure.

After treatment, staff confirmed that patients were alert and orientated and had a friend or family member to escort them home. Anaesthetists remained at the clinic until they could confidently confirm the patient was safe to be discharged home.

Staff gave patients detailed advice after each procedure. All patients had at least one follow up appointment to check progress and identify any problems. Consultants said any unexpected or significant findings on a biopsy were escalated immediately using the cancer pathway.

Staff responded promptly to any sudden deterioration in a patient's health. Patients were monitored when receiving conscious sedation including observations such as blood pressure, pulse and temperature and these were recorded in the patients records. The service completed an audit of vital sign observations in December 2021 and found 100% compliance.

The nature of the service meant that a deteriorating patient was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. All staff were trained in basic life support (BLS) and nurses and doctors were trained in immediate life support (ILS).

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.

Nursing staff

The service had enough nursing and support staff to keep patients safe. There were two full time nursing staff and one health care assistant (HCA). Staff levels were planned and reflected demand on the service and known treatment support needs. A senior nurse was always on shift when the service was in operation.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required in accordance with staff.

The service had low turnover rates and there no vacancies at the time of inspection. The service did not use bank staff.

Surgery

All staff received a full induction. Nursing staff had completed their Nursing and Midwifery Council checks and up-dates to develop their competencies.

Medical staff

The service had enough medical staff to keep patients safe. There was one full time doctor employed by the service and a consultant who performed procedures under practicing privileges. The service had a contract with an external company to provide anaesthetics and had access to two anaesthetists. We saw evidence that the clinic checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

The clinic had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day.

Records

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

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

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

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

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However, we found expired medicines present.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The service held limited stocks of medicines relevant to the service they offered. Medicines and controlled drugs were stored in secure locked cupboards.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medication was prescribed by consultants. Records of patient's allergies and drugs prescribed were contained within the patient's care pathway documentation. Records were accurate and well maintained.

We checked the medicines storage and found expired medication present. Following our inspection, the service provided records to show the medicines management procedure and audit process had been reviewed. For example, medicines would be checked by two members of staff and by the nurse manager in the event of any staff absence. Medicines management audits would be completed more frequently.

The service audited the medicines prescribed and administered to determine if it was correctly recorded in the patient's records. The audit completed in December 2021 showed 100% compliance.

Incidents

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

Surgery

Staff knew what incidents to report and how to report them. The service had an up to date adverse incident policy which described how staff should report incidents, and how incidents should be investigated and followed up.

The service did not have any incident related to hysteroscopy in the previous 12 months. Staff could give examples of incidents they would report and how they would do this.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff we spoke with were confident in reporting incidents and near misses. Although there had been no incidents related to hysteroscopy, we reviewed examples of other incidents the clinic investigated.

Staff understood the duty of candour. Staff were aware of their responsibilities and could give examples of when they would use the duty of candour.

Are Surgery effective?

Good 

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

Evidence-based care and treatment

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

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

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

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

Nutrition and hydration

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

The clinic provided pre- and post-operative advice regarding the management of a healthy diet and supporting nutritional intake prior to surgery.

Staff ensured that patients had something to eat and drink before they left the clinic after having hysteroscopy.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Surgery

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Pre and post procedural pain relief was prescribed by the consultant and recorded on the patient's records.

The service managed patients' pain well. An anaesthetist was available for all patients during and after procedures. The anaesthetist reviewed the patient's pain prior to the patient being discharged, to ensure the patient was comfortable.

Patient outcomes

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

Staff monitored the effectiveness of care and treatment. The clinic completed 64 hysteroscopy surgical procedures between January 2021 and December 2021. Information provided showed there were no returns to theatre and no re-admissions during that time.

Once the procedure is completed a sample is set to the lab for analysis. Each patient had a scan post procedure scan to determine if the procedure was successful. Records showed that consultants met weekly to discuss the findings from the scan and the pathology report

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The manager ensured the team maintained competency standards. Nurses worked across different pathways to build and maintain multidisciplinary competencies.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who had recently completed the induction spoke positively about the experience and said managers and clinical staff were supportive.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they had the opportunity to discuss training needs with their line manager and appraisals were scheduled to be completed by February 2022.

Consultants with practicing privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process as well as the overview from the medical advisory committee.

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

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. There was a daily meeting between the consultant, anaesthetist and nurse to discuss the patient's needs before the procedure

Staff we spoke with told us they had good working relationships with surgeons.

Surgery

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

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

Seven-day services

Key services were available to support timely patient care.

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

Health promotion

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

The service had relevant information promoting healthy lifestyles. Risk factors were identified and highlighted to patients and where appropriate. Patients received information leaflets on diet, smoking and a healthy lifestyle.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff discussed the planned surgery, alternative treatment options, intended benefits, potential risks and complications with each patient. Patients had time to ask questions and reflect on the proposed treatment.

Staff made sure patients consented to treatment based on all the information available. Staff said patients received written information about the procedure. Written consent was taken firstly by the anaesthetist to consent for the use of anaesthesia, and secondly by the consultant to consent for the procedure. A patient we spoke with confirmed they had been asked for their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. Records we checked showed consent was obtained for the procedure and a consent audit in December 2021 found 100% compliance.

Are Surgery caring?

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

Compassionate care

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

Surgery

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said the service was friendly, calm and proficient.

The results of the patient satisfaction survey show the service was consistently rated high for compassionate care (88%). Patients were very complimentary about the service and provided feedback on the procedures and the success of fertility treatment.

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. All consultations and treatment were carried out in individual rooms.

Emotional support

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients had access to an independent counselling service where they could discuss their concerns or anxieties.

Staff we spoke with stressed the importance of treating patients as individuals with different needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. We spoke with one patient who said staff helped them to feel calm and relaxed. The patient told us staff were always available via the telephone to provide them with reassurance if they were anxious or had questions. The patient felt staff had built trust and rapport with them over time, and staff were reliable in getting back to them on any requests for information.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. A patient said staff explained their care and treatment in a way they could understand, without jargon, and allowed them plenty of time to ask questions. The patient said staff about their understanding of the procedure before commencing treatment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form online following their appointment.

Staff supported patients to make informed decisions about their care. The clinic's website listed the cost for various treatment. Staff discussed the cost of the procedure during treatment planning prior to patients having surgery. Staff explained other relevant terms and conditions in a way the patients could understand. Ninety percent of patients said they were happy with the quality of information provided.

Are Surgery responsive?

Surgery

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

The service had suitable facilities to meet the needs of patients' families. There were adequate waiting and consultation rooms to provide space and privacy. Each recovery room had an ensuite bathroom. The clinic has five consultation rooms, an operating theatre, four ensuite recovery rooms and an embryo transfer suit.

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was flexible, provided informed choice and ensured continuity of care. The clinic was focused on providing continuity of care for patients. Staff arranged appointments so that patients could be seen by the same nursing staff and consultants from the beginning of their treatment.

Patients could access services and appointments in a way and at a time that suited them. The clinic did not operate a waiting list. Staff said that all patients were seen promptly. A patient we spoke with confirmed being able to access the clinic in a timely manner.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. Staff reviewed missed appointments to ensure there were no safeguarding concerns or serious clinical implications.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily available.

Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff checked if patients had needs in relation to language, hearing, sight and mobility.

Patient's individual needs and preferences were central to the delivery of a tailored service. Staff told us they facilitated longer appointments for patients with specific needs.

The service provided advice and support for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) patients. Information was also available on the service's website.

The service had an up to date discrimination prevention policy that was compliant with the Equality Act (2010) to ensure staff delivered care without prejudice to people with protected characteristics. For example, the service had a policy for transgender care.

Surgery

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Patient information meetings had been suspended because of Covid-19 but potential patients were offered a 30-minute consultation with a doctor and a virtual tour of the facility.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. There was no waiting time for hysteroscopy and staff planned appointments to suit patients. Staff were proactive in offering earlier appointments where cancellations or new clinician availability enabled this.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointment times were set in advance, with time between them for cleaning, in line with COVID-19 guidance.

Where relevant, the clinic also offered a 'one stop' hysteroscopy where patients could have a polyp removed and undergo egg collection within one procedure. This meant patients did not have to return to the clinic for separate appointments.

Staff supported patients when they were discharged and during their after care. Staff provided patients with information and advice relevant to their procedure post-surgery and encouraged them to contact the clinic if they had questions or concerns.

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.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the clinic. The complaint booklet explained the three stages of the complaint procedure including local resolution, an internal review and independent external adjudication.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. Staff we spoke with were able to identify how to support a complaint, be it informal or formal.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. There were no complaints related to hysteroscopy in the previous 12 months. Staff could give examples of how they used patient feedback in other departments to improve the service. For example, improving the patient information leaflet regarding online consultations.

Are Surgery well-led?

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

Surgery

Leadership

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

The clinic had a corporate management structure which included medical director, a managing director, who was also the registered manager, a quality manager and a nurse manager.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. The registered manager's key responsibility was to monitor the performance of the clinic.

Manager demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

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

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

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

The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision. Leaders expressed a commitment for the clinic to lead the field in fertility treatment.

Culture

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

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by interacting with staff daily.

Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the COVID-19 pandemic as well as supporting other parts of the organisation.

Staff we spoke with were proud of the work that they carried out. They enjoyed working at the clinic; they were enthusiastic about the care and services they provided for patients. They described the clinic as a good place to work.

Staff expressed a commitment to providing the best possible care to patients and their families.

All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Surgery

Patients told us they were very happy with the clinic's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

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

The service had a quality manual which described management responsibility and organisation, resource management analysis and improvement.

There was an effective clinical governance structure which included a range of meetings that met regularly. There were senior management meetings, governance meetings, key performance indicator and staff meetings which were attended by the managers and consultants.

The managers had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. There was a clear understanding of who their patients were, and they responded to the changing needs.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Managers told us learning was cascaded to staff. Updates were sent to staff via email.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

The service had a risk management strategy, setting out a system for continuous risk management. The clinic completed risk assessments such as fire, health and safety and Legionella and the action plans were completed. Risks were discussed and reviewed at governance team meetings. While the service completed a range of risk assessments, specific risks were not amalgamated into a risk register which would include dates risk were added, specific action for staff to mitigate the risks and completion dates. A risk register would include environmental, operational, leadership, information and clinical risks.

Leaders understood the issues and challenges the service faced. For example, managers recognised the challenge of recruiting experienced staff within the field and had taken steps to mitigate this, but it had not been included on the risk register.

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

Information Management

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

Surgery

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

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

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

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

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 had opportunities to contribute to the running of the service. For example, the consultants discussed new equipment different methods of performing hysteroscopy.

Staff actively sought patient feedback and patients provided this through emails and surveys.






Leaders commented that they had good relationships with external service providers, such as the nearby hospital. During the pandemic the service had a memorandum of understanding with an NHS hospital to provide fertility treatment for private patients.

Learning, continuous improvement and innovation

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

The service had plans to invest in innovative way of performing the procedures such as a high definition camera which is connected to a high-resolution colour monitor to produce better image quality. The service was also exploring thermal ablation approaches to treating fibroids which were minimally invasive and would leave less scarring for patients.

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Mandatory training was completed on a rolling programme with most sessions delivered through e-learning. We reviewed mandatory training records and found staff were up to date.

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

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

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

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse and knew how to apply it.

Diagnostic imaging

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

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.

The service generally performed well for cleanliness. Staff cleaned the transvaginal probes in line with manufacturer guidelines. We observed the procedure for the cleaning and disinfection of transvaginal probes. This meant the service protected people who used the service against the risk of cross infection.

The procedure for cleaning transvaginal probes was documented in the patients record including the batch number and expiry date for the cleaning equipment used. An audit of the cleaning procedure for January 2021 to December 2021 found 100% compliance with the service's procedure.

Staff wore an apron, gloves and a mask when undertaking scans. To minimise risks in relation to Covid-19, other staff wore face masks and encouraged patients and their companions to do the same.

There were no site-acquired infections to the time of our inspection.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The ultrasound room had washable flooring and wipe-clean furnishings. Staff placed paper towelling on the couch for each woman and changed this in between patients.

Staff completed monthly spot checks to ensure all clinical and public areas, such as the toilets, were cleaned to a high standard.

An infection prevention and control and sharps risk assessment were completed in the previous 12 months. We observed sharps bins were labelled, not filled and were stored appropriately.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff carried out daily safety checks of specialist equipment. Staff completed daily quality assurance checks for the ultrasound machine to ensure the equipment was safe to use.

The service had suitable facilities to meet the needs of patients' families. Patients arrived in the reception area which included comfortable seating, a water and coffee machine.

Staff completed checklists for all ultrasound rooms at the beginning and at the end of the day to ensure it was ready and secured before and after procedures.

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

A risk assessment for the Control of Substances Hazardous to Health Regulations 2002 (COSHH) had been undertaken.

There were suitable arrangements in place for fire safety, including a fire risk assessment and clear instructions for staff to follow in the event of a fire. The service completed a risk assessment for the safe storage of medical gasses.

Assessing and responding to patient risk

Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly. Hysterosalpingo Contrast Sonography (HyCoSy) was carried out for patients undertaking fertility treatment. The service had a patient selection criteria that provided guidelines for the types of patients they treated. Patients with a body mass index (BMI) of 35 or over were discouraged from having treatment. Patients were referred for medical assessment before commencing treatment, if necessary.

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

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

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

Staff knew how to respond promptly to any sudden deterioration in a patient's health. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it. They had received training on simulated emergency scenarios and practiced how to respond in the event of an emergency.

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

The clinic had an on-call arrangement where staff took turns manning the emergency phone each week. Patients could contact the clinic 24/7 if they had any concerns.

Staffing

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

Nursing staff

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The service had enough nursing and support staff to keep patients safe. The service trained nursing staff to carry out HyCoSy. Nurses started by observing and shadowing the procedure before being assessed by the medical director. The nurses completed competencies and were not allowed to undertake the procedure until they were competent.

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

Medical staff

See information under this sub-heading in the surgery section.

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.

Staff used secure electronic patient records to record patient's diagnostic needs. Staff kept detailed records of patient's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Records were stored securely. All computers and the ultrasound machine were password protected and we observed staff locked them when not in use which ensured there was no unauthorised access.

Incidents

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

The service did not have any incident related to HyCoSy in the previous 12 months.

See information under this sub-heading in the surgery section.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

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

The service had a standard operating procedure (SOP) for HyCoSy which outlined the patient selection criteria, persons qualified to undertake the procedure, equipment, preparation and steps in the procedure. We were told the procedure

Diagnostic imaging

was reviewed by the staff and medical director before being checked by the quality management and governance team. We reviewed the procedure and found it did not refer to the specific professional guidance and version used to inform the SOP. This would ensure a clear audit process for any changes in requirements. Following our inspection, the service provided an updated HyCoSy procedure.

Staff could access policies and procedures electronically.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. Staff made sure patients were offered refreshments when arriving for appointments. Patients we spoke with stated they were offered their choice of refreshments when they arrived.

Pain relief

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

Staff said the procedure may be uncomfortable but was not usually painful. Patients were advised to take a painkiller before attending for the procedure and to have some available at home. Staff said patients were made to feel comfortable during their appointment. Patients were advised to let staff know if they experienced any discomfort during the procedure and could ask to take a break at any point.

Patient outcomes

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

Staff monitored the effectiveness of care and treatment. The clinic completed 48 HyCoSy scans between January 2021 and December 2021. Records showed there were weekly clinical review meetings to discuss the outcome of each scan and the next step for patients.

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.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All health care staff were registered with their appropriate professional bodies.

The service ensured it received evidence annually from consultants about appraisals and professional registrations as part of their practising privileges.

Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files. Staff completed competencies such as transvaginal sonography, Aquascan and HyCoSy, probe cleaning and chaperoning.

See information under this sub-heading in the surgery section.

Diagnostic imaging

Multidisciplinary working

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

Staff worked together as a team to benefit patients. They supported each other to provide good care. Staff said consultants, nurses and other health professionals organised, planned, coordinated and managed patients care. There was effective communication within the service and staff said they felt like part of a team.

We observed active communication and supportive working practices between staff.

Seven-day services

Key services were available to support timely patient care.

See information under this sub-heading in the surgery section.

Health promotion

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

The service had relevant information promoting healthy lifestyles. The clinic provided patients with information leaflets such as pre-conceptual care, diet and lifestyle, with the option of seeing a nutritionist. The clinic website also displayed health information.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff checked the patient's details and showed it to them on the screen so they could check all the information was correct. Staff said patients completed a written consent form and they were asked for verbal consent before the scan.

Staff clearly recorded consent in the patients' records. Records also contained signed consent forms.

Are Diagnostic imaging caring?

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The clinic environment ensured privacy for all patients. The clinic had a privacy and dignity policy to ensure patient's privacy and dignity was maintained.

Diagnostic imaging

Staff followed policy to keep patient care and treatment confidential

Emotional support

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

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff said patients were followed up by a telephone call after each scan and this was documented in the patient's care pathway.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff said they reassured nervous patients and answered any questions.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff said it was important to have a calming and reassuring demeanour so as not to increase the patient's anxiety.

Understanding and involvement of patients and those close to them

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

Staff talked with patients, families and carers in a way they could understand. Staff told us they took time to explain the procedure before and during the scan using appropriate language. Staff would ask patients if they had any questions throughout and at the end of the scan.

The cost of the procedure was discussed with patients at the consultation. Information about the cost of various procedures was displayed on the clinic's website. Patients had the opportunity to ask questions about cost before the treatment commenced.

Are Diagnostic imaging responsive?

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

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was open five days a week and provided scans by appointment only, at a time to meet the needs of the patient group. There was a patient care pathway and staff ensured services were flexible to account for last-minute changes caused by Covid-19 disruption.

Diagnostic imaging

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

Meeting people's individual needs

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

Patient's individual needs and preferences were central to the delivery of a tailored service. There was a comfortable seating area for patients and visitors. There was access for wheelchair users and an accessible toilet and shower facilities. Patients were given a choice of food and drink to meet their cultural and religious preferences.

The service had an up to date discrimination prevention policy that was compliant with the Equality Act (2010) to ensure staff delivered care without prejudice to protected characteristics. All staff undertook equality and diversity training and there was a clear care and treatment ethos based on individualised care.

Access and flow

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

The service developed a patient support pathway during the COVID-19 pandemic to ensure patients had a seamless experience. The pathway covered various stages from the patient's initial enquiry to treatment completion.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service had a complaints procedure which included acknowledging the complaint within two days and investigating it in a full and objective way. Patients could speak with staff about any concerns, including a manager, on request.

The service had not received any complaints related to HyCoSy in the previous 12 months.

Are Diagnostic imaging well-led?

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

Leadership

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

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The leadership team was well defined. The registered manager has been in post since 2014 and had been promoted to general manager. The registered manager was the lead responsible for licencing with the Human Fertilisation and Embryology Authority and the deputy lead for health and safety. There were clear management and reporting arrangements in place.

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

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

Vision and Strategy

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

See information under this sub-heading in the surgery section.

Culture

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

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

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

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

Governance

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

Incidents, complaints and patient feedback were discussed at the quality and key performance indicator meetings.

The clinic used an application which alerted staff when audits were due to be done. The heads of department were responsible for ensuring audits were completed.

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See information under this sub-heading in the surgery section.

Management of risk, issues and performance

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

See information under this sub-heading in the surgery section.

Information Management

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

See information under this sub-heading in the surgery section.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

See information under this sub-heading in the surgery section.

Learning, continuous improvement and innovation

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

The clinic implemented COVID-19 risk assessments with actions to mitigate risks. The clinic had moved to virtual consultations and was exploring the possibility of virtual treatment including the use of artificial intelligence. There were plans to develop remote assessments for ultrasounds.

There were plans to introduce an application in February 2022 that would allow patients to receive information about their individual care such as fees, appointment times and blood results.

The service was part of the provider's an international medical board comprised of medical directors from eight countries. The board had quarterly virtual meetings where they shared learning and discussed outcomes. There was an opportunity to network and share best practice on clinic compliance, performance and audit.