

Lancashire Care NHS Foundation Trust

RW5

Community health (sexual health services)

Quality Report

Sceptre Point,
Sceptre Way, Walton Summit,
Preston
Lancashire
PR5 6AW
Tel:01772 695300
Website:www.lancashirecare.nhs.uk

Date of inspection visit: 12th -15th September 2016
Date of publication: 11/01/2017

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)
RW5HQ	Sceptre Point	Community Sexual Health Services, Blackburn with Darwen	BB21AX
RW5HQ	Sceptre Point	Community Sexual Health Services, Central West Lancashire	PR1 8BQ
RW5HQ	Sceptre Point	Community Sexual Health Services, North & East Lancashire	FY39ES

This report describes our judgement of the quality of care provided within this core service by Lancashire Care 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 Lancashire Care Foundation Trust and these are brought together to inform our overall judgement of Lancashire Care Foundation Trust

Summary of findings

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	5
Background to the service	6
Our inspection team	6
Why we carried out this inspection	7
How we carried out this inspection	7
Areas for improvement	7

Detailed findings from this inspection

The five questions we ask about core services and what we found	8
---	---

Summary of findings

Overall summary

We rated Community sexual health services as 'Good' overall because:

- The service had recently come through a period of change, due to sexual health services being tendered across Lancashire. The procurement process and mobilisation of new teams created some obstacles and challenges for the staff and also some changes in the services systems. Despite this, we found a committed competent staff group who were patient focussed.
- We found good processes in place to reduce the risk of abuse and avoidable harm in the service.
- We found a good incident reporting culture where staff were clear on what to report and who they should report to.
- The service had a good safety record; Incidents of harm in the service were low.
- The staff, including managers and clinicians, told us their services were safe and took pride in their own professionalism and ability to make decisions about risk.
- Electronic notes were clear, concise and care planning processes were evident.
- The buildings were well maintained with adequate access and good infection control measures were in place.
- We found adequate staffing numbers with a wide range of skills which matched patient need.
- The service followed British Association for Sexual Health and HIV Guidance on the assessment and treatment of patients.
- The service had good multi-agency relationships which matched the holistic needs of patients.
- Staff in teams felt they were effective in their jobs and patient surveys showed similar findings.
- The staff showed empathy and concern and were caring to the people they treated and understood the anxieties of patients in relation to sexual health treatment
- There was an interpreter service available for patients whose first language was not English.
- Patients consented to treatment and were informed about their treatment and were actively involved in decisions about their care, which included choices about date of appointments.
- The service had flexible opening times including evening and weekends to cater for its population and also good dispersal of satellite services for easy access.
- Managers showed good leadership and supported staff to deliver high standards of care.
- Managers and clinicians had put good governance systems in place which managed risk effectively.

However,

- Whilst the staff showed high levels of safeguarding knowledge we also found some inconsistency in recording of safeguarding training, due to the amalgamation of new staff groups and a change of specification.
- Due to the recent change in service specification the teams had little in the way of quantitative or qualitative information which would have evidenced how effective they were.
- We found the team in North Lancashire had experienced problems in obtaining new accommodation and this had a negative effect on morale amongst staff. The staff in the team highlighted that the Transfer of Undertakings (Protection of Employment), process had been stressful. In some cases staff were still being slotted into positions in the team. We found concern amongst the staff in the North Lancashire team that management were not as high profile and “hands on” in their service, when compared to counterparts based in Preston and Blackburn.

Summary of findings

Background to the service

All sexual health services in Lancashire were put up for tender last year, as part of a new procurement process. Lancashire Care NHS Foundation Trust tendered to provide these services and was successful in procuring some of them. After winning the contract, the trust and other providers were asked to implement the new specification and the new services officially opened in April 2016.

It was recognised at the time of the inspection that the procurement process had only recently been completed. The service had seen some upheaval especially for the staff group, many of whom were Transfer of Undertakings (Protection of Employment), into new organisations or new roles.

Service provision has seen a number of changes, including the integration of Genitourinary medicine and sexual health services. The trust now provides an integrated service across East, Central and North Lancashire as well as in its Blackburn with Darwen team.

The teams work with differing populations depending on the area of Lancashire they are situated in. The Blackburn with Darwen team works with all ages and also provides a Human Immunodeficiency Virus service and is based in Blackburn.

The North and East Lancashire Team, provide an under 25 service and are currently based in Blackpool with the provider of all ages services. The team is currently looking for new accommodation.

The central Lancashire team provides an under 25 service and are based in Preston.

The service is supported by a Community Education (CeSH) Team which provides sexual health promotion services in schools, colleges and universities and communities.

The service also has a single point of contact which screens patients, directs patients to the right team and also gives advice and information.

Each team provides a large range of services such as advice on contraceptive methods, testing and treatment for sexually transmitted infection including HIV, free condoms and pregnancy tests and the service also has clinics on offer for psycho-sexual counselling.

Whilst the teams collectively run as one service, specific reporting targets are different dependant on the service type.

Commissioners of sexual health services have targeted a number of public health outcomes in their areas. The main focus for the service includes reducing teenage pregnancy, chlamydia screening and GUM interventions.

All the teams in the service are open access and appointments are available from the main hubs and other numerous community sites across the boroughs.

Our inspection team

Our inspection team was led by:

Chair: Neil Carr OBE, Chief Executive South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Head of Inspection: Nicholas Smith, Care Quality Commission

Inspection Managers: Sharon Marston and Nicola Kemp, Care Quality Commission

The team for sexual health services included one CQC inspector and a specialist advisor from a sexual health background.

Summary of findings

Why we carried out this inspection

We carried out a comprehensive inspection for Lancashire Care Trust in April 2015 and this service was not inspected.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about this service and asked other organisations to share what they knew.

During this inspection, we visited two services in Blackburn with Darwen and Preston.

We also carried out a focus group meeting for staff from the North Lancashire team.

Prior to the visit the CQC held focus groups with a range of staff who worked within the trust including this service.

During the visit we spoke with 23 members of staff at all levels including receptionists, health care assistants, nurses, managers, senior managers and a doctor. We also undertook two focus groups in the service with staff and reviewed 10 care records. As part of the inspection process we also observed how people were being cared in clinics.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

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

- The provider should review how it engages with staff in the North Lancashire team and provide further support as required.
- The service should up-skill safeguarding training from level two to level three as required.

Lancashire Care 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

Summary

We rated the sexual health services as 'good' for safe because:

- The trusts' community sexual health services had processes in place to reduce the risk of abuse and avoidable harm to adults and young people in the service's teams.
- Staff understood what safeguarding meant and were able to explain when they would intervene to protect patients.
- Training was on offer so that teams could identify concerns regarding adult or child safeguarding.
- The service had a good safety record. Incidents of harm in the service were low and reported on a central basis through an electronic recording system accessed through staff computer terminals.
- The staff understood what incident reporting was and how to access the system.
- Incidents were proactively reported, lessons were learnt and documented.

- Medicines were safely stored and appropriately managed.
- Clinic areas were visibly clean and equipment was well maintained.
- Infection control policies were in place and systems were in place to protect patients and staff.
- Staffing levels were appropriate and the skill mix of the staff was high.
- Records were clear and concise.
- Staff followed best practice guidance when assessing and responding to patients' needs.

However:

- Whilst the staff showed high levels of safeguarding knowledge; the service showed some inconsistency in areas of safeguarding training due to the amalgamation of new staff groups and change of specification. There was a lack of consistency and clarity in the recording and logging of safe-guarding training.

Are services safe?

- The trust had decided that staff from the North and East Lancashire team were required to undertake their recommended safeguarding training again after Transfer of Undertakings (Protection of Employment), TUPE from another provider. The team's safeguarding training level was at 14% for level three safeguarding, at the time of our inspection.
- The service had recently up-skilled some staff in their role with patients. The staff will in the future take bloods and check on blood pressure. The service is required to train this group of staff from level two to level three and as of September 2016 had not done so. The Intercollegiate document on safeguarding recommends a period of no longer than 12 months from their change of role.

Incident reporting, learning and improvement

- Sexual health services used an electronic system to monitor and report incidents, which fed into a trust wide system. Staff were aware of the incident reporting system and they were able to describe and demonstrate how to report incidents using the system.
- The system showed that in the six month period between 26 February to 26 August 2016, the service recorded 55 incidents which were classified as low or insignificant with only two being classified as moderate. The service had no serious incidents. The service had no identifiable trends or themes from the incidents reported.
- Staff told us they felt able to tell managers about potential risks or concerns and were encouraged to report incidents or risks if and when they occurred.
- The service showed us evidence of an incident that had occurred recently. They demonstrated how it was investigated and also provided us with proof regarding how teams learnt from the incident.

Safeguarding

- There were trust wide safeguarding policies and procedures in place, which staff in the service knew how to access and understand.
- The staff were able to give examples of the types of safeguarding concerns they had faced, how they were reported and also provided us with examples of positive outcomes in the protection of adults and children.

- Safeguarding arrangements were in place for assessing patients' needs and we were provided with examples of early help for individuals. The staff evidenced a multi-agency approach to dealing with concerns, including sharing information with other services, when appropriate, including multi-agency panels and social care teams and the police.
- We found safeguarding was discussed as part of a wider governance meeting structure within the service.
- Staff had access to safeguarding supervision, when required. The service had two safeguarding champions who were trained by the trust's safeguarding team to deliver support to team members. Managers and practitioners could ask for more in-depth support if needed.
- The trust provided information which showed that the service as a whole was compliant with adult safeguarding training which was 87% in August 2016. This was better than the trust target of 85%.
- In April 2016, due to a new service specification, a number of the staff who had level two safeguarding training were required to train to level three because their role had changed. The 2014 Intercollegiate document on safeguarding allows professionals 12 months to undergo skilling up of staff from level two to level three safeguarding. The service therefore has until April 2017 to ensure the training is completed. This issue was discussed with the trust at the time of the inspection and, whilst the trust was conforming to the intercollegiate guidance, we believed that it should speed up the internal training because of the vulnerability of some of its patients.
- There was a lack of consistency and clarity in the recording and logging of safeguarding training. The training log showed high compliance on safeguarding training across every service code. The noticeable exception was the North Lancashire team which indicated 14% of staff trained in safeguarding at level three. The staff who were TUPE over to the trust told us they had undertaken training in their previous services and this had not been counted on the central log; hence the differing rates.

Are services safe?

- Staff used assessment processes which were based on British Association for Sexual Health and HIV (BASHH), guidelines for assessment, which prompted staff to discuss and record safeguarding issues.
- Arrangements were in place to safeguard and refer victims of sexual assault in accordance with BASHH guidance. The services also had a pathway in place for Child Sexual Exploitation and sat on multi agency partnerships which targeted the issues.
- Arrangements were in place to safeguard and refer victims of Female Genital Mutilation in accordance with BASHH guidance. The service had a screening process in its assessment documentation and a pathway was in place for referral of victims to the safeguarding team and the police.
- The service undertook Partner Notification. Partner Notification is the process of providing access to treatment or information to the partners of patients who have been at risk of infection due to sexual contact with the patient.
- The clinic rooms and patient spaces were visibly cleaned, airy and well decorated.
- The waiting area was spacious and enabled administrators and staff to have private discussion. The services also had confidential interview and clinic rooms which enabled staff and patients to have private discussion.
- All equipment such as oxygen, blood pressure kits and adrenaline packs conformed to the relevant safety standards and items were regularly serviced maintained and were clean.
- All needles and swabs and packs were within their usage date.
- All electronic equipment was sound and portable appliance testing (PAT) testing, had been undertaken and items were clean. PAC tested equipment were due for yearly examination at the time of inspection.

Quality of Records

- The service used electronic records across all areas at the time of our inspection. We examined 10 sets of electronic records in our inspection. The intervention period in sexual health records are usually of a short duration, however the electronic notes were clear and concise and showed assessment information, case work and care planning processes were evident.
- The service undertook an audit of records in February 2016 as part of a wider process in its clinical division. The audit found some inconsistency across services in where and how information was recorded but showed no indication of major concerns or risks. The subsequent action plan stated that notes should be re-audited, however no date for the audit was listed
- The notes were systematic, meaning staff had to fill in areas of essential information before the system would allow them to fill in the next section of the electronic records.
- Electronic notes were accessed by password for confidentiality and were placed on a separate internal electronic system, so that they were not accessible to other services in the trust.

Medicines

- A trust wide medicines management policy was in place and staff were aware of it and used it.
- The policy set out a consistent process for managing medicines across the trust, including its community sexual health services.
- Medicines were stored correctly and locked up safely.
- Medicines audits were carried out across the children and families network which included community sexual health by the Lead Pharmacist. The service had previously been audited in October of 2015/16. No major concerns were found in the audit apart from a minor problem with the control of fridge temperature.
- We saw how the service had learnt from the audit which identified the fridge control temperature issue. The service had recorded the incident and had placed controls to reduce the risk of fridge temperatures increasing from between two and eighth degrees.
- At our inspection, fridges where medicines were stored were within these boundaries.

Environment and equipment

Cleanliness, infection control and hygiene

Are services safe?

- We visited treatment and clinic rooms in two locations and clinical areas that we visited were visibly clean and maintained.
 - Hand gel dispensers were located in various places around the buildings and the rooms had hand washing facilities.
 - There were trust-wide policies in place for infection control and hand hygiene which were in date at the time of the inspection. Clinical staff told us how they accessed trust policies from the intranet hub and were all aware that such policies existed.
 - Mandatory training on infection control showed that the service was compliant at 100% against the trust target of 85%.
 - A sharps policy was in place as were sharps bins. Staff were aware of the policy and yellow sharps bins were stored appropriately and were labelled and closed when not in use.
 - A post exposure policy was in place for infectious diseases and viruses with clear guidance on what to do if exposed. Information was visible to staff on clinic walls.
 - The trust had introduced syringe needles which were covered with a plastic sheath after use, which reduced the likelihood of needle stick injuries.
 - Decontamination processes and standard operating procedures were in place to ensure that if any areas were contaminated by blood spills or bodily fluids, staff could clean affected areas and make the area fit for purpose.
 - The staff had access to appropriate personal protective equipment, such as gloves and aprons.
 - Appropriate arrangements were in place for managing waste and handling clinical specimens.
 - The service had a contract with cleaning agencies that provided cleaning services on a daily basis. The clinical staff also undertook daily cleanliness checks to ensure hygiene standards remained high and, when needed, the service undertook deep cleans of clinical areas.
- included equality and diversity, clinical record keeping, fire safety, consent, hand hygiene, risk management, health and safety, confidentiality, safeguarding children, moving and handling.
- Staff in the service were compliant with their mandatory training with a compliance rate of 86% overall in August 2016, against the trust target of over 85%.
 - The service had no noticeable concerns in its mandatory training log apart from safeguarding data recording in The North Lancashire team. The vast majority of mandatory training elements were compliant with the trust target at over 85%. Manual handling and resuscitation were the lowest at rates of 71%.
 - All staff said they had access to mandatory training.
 - Staff told us that they had good access to training regarding their professional development.

Assessing and responding to patient risk

- Staff undertook risk assessment at triage and at full assessment questions based on questions incorporated in British Association for Sexual Health and HIV guidelines.
- Staff told us they could seek medical advice from specialist nurses or if need be from doctors who were present in services but also told us that they could call an ambulance if patients deteriorated.
- The clinic rooms had a supply of oxygen in each room which was checked regularly by qualified staff.
- Patients and staff had access to the team doctors in different clinics at different times of the day.
- The service worked closely with partners to help assess and respond to risk including the police and social care services as well as the council.
- The trust had produced a website which informed the general public about all the sexual health services available in its footprint. The website identified bases and satellite addresses as well as opening times and advice.
- The service had a single point of contact telephone number which provided information, assessment and direction to the services required by patients.

Mandatory training

- The staff undertook a wide range of courses which were both face to face and also by E- learning. The courses

Are services safe?

- The service had medical equipment in each clinical room including blood pressure gauges equipment which were used for a physical check before treatment.
- Anaphylactic shock equipment was present in each room if patients deteriorated.

Staffing levels and caseload

- The service had undergone a capacity review in the tender process which looked at how many staff and what type would be needed to deliver the contract.
- As of August 2016, the community sexual health teams had 59 staff.
- We found the staffing levels of services adequate to meet the needs of patients.
- The children's and family division, which included sexual health services, had seven major services in its division. The sexual health service was rated third lowest in sickness rates in the division with an average of 4.0% of its staff on sickness absence in August 2016, compared to a trust average of 4.8%.
- Staff members and managers told us they felt they had enough staff to have a functioning team and provide the level of care needed by patients.
- Caseloads were unpredictable and patients could visit the service and request a consultation at any time, which made it more difficult to plan for staffing.
- Staff had designated bases and roles throughout the community but also worked from any base to provide cover when needed.
- A lone working policy was in place and staff were aware of it and were able to articulate what they would do if it occurred in their role.
- Staff were able to use the electronic records system to flag alerts if a patient had specific risk or had a history of being abusive to staff. If they had concerns regarding they were able to discuss issues with managers so that a contingency plan could be followed.
- We found there were systems and processes in place to maintain patient safety. The trust had a major incident plan in place. This meant that incidents could be assessed and managed centrally if they were serious.

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.

Summary

We rated the effectiveness as good because:

- Staff in the service felt supported regarding their professional development.
- The service had become fully integrated with the integration of Genitourinary medicine and sexual health services.
- The service utilised British Association for Sexual Health and HIV (BASHH), guidance and this was followed in services.
- We found the service followed a number of patient group directives.
- The service followed National Institute for Health and Care Excellence guidelines which were incorporated in policies.
- The teams showed evidence of good multi-disciplinary team working and had direct access to other specialist treatment services such as drug and alcohol teams and children's services.
- In two of the teams we visited, we found numerous associated support networks on the same sites.
- The community education team element of the service, worked in partnership with statutory, non-statutory services and faith based organisations.
- The service used nationally recommended guidance to help them ensure appropriate decisions were made regarding consent.
- We saw evidence of clinical audit being undertaken across the directorate.
- Clinical supervision and appraisal are activities that are used to reflect on practice, improve the care provided to patients and review individual effectiveness. We found high levels of supervision across the service with 100% supervision rates apart from a small group of staff who were at 87.5%. We also found adequate appraisal rates.

- In the teams we visited, staff had access to a comprehensive electronic hub "team board", where team governance information and staff news was provided and updated by team managers on a monthly basis.

However;

- Due to the change in service specification the teams had little in the way of quantitative or qualitative evidence relating to how well they were performing.

Evidence based care and treatment

- We found the service followed a number of patient group directives (PGDS), such as PGDs on emergency contraception and the administration of Progestogen. The guidance provides good practice recommendations in safe appropriate care for medicines.
- The service followed a number of National Institute for Clinical Excellence (NICE) guidelines, for example on drug allergy and on long lasting reversible contraception, which were written into policies.
- The service followed British Association for Sexual Health and HIV (BASHH) guidance. The guidance is developed on a national basis in conjunction with a wide range of experts to promote excellence in the treatment of sexual health and HIV.
- The Faculty of Sexual and Reproductive Health clinical guidelines are accredited by NICE. The faculty is a national specialist committee which develops training, puts on events and provides training resources. We found that the service adhered to standards set by the faculty, accessed training for staff and attended events where appropriate.
- Good practice was shared across services through documented service meetings which were held on a monthly basis.
- The team were actively engaged with regional and national networks where information on best practice was shared.

Technology and telemedicine

Are services effective?

- The service used a text service to inform patients of appointments.
- The service had a comprehensive internet site with contact details of services and a single point of contact number.
- We were able to review the single point of contact service which was provided by trained workers. The workers provided a triage service and gave access to information for patients across all three services.
- The trust had social media pages where the sexual health service could publicise services on. Sexual health services felt that individual social media pages specifically for their own service would help to increase publicity.

Competent staff

- The trust had an induction process which new staff could attend. The induction gave staff basic information about the trust and its services.
- The service had an appraisal system in line with the trust policy which had an 85% target. At the time of our inspection the lowest rate of appraisal compliance was central Lancashire at 76%. We found three service teams at 83% and the rest of the service at 100% compliance.
- Clinical supervision for staff was available with a trust target of at least four supervision sessions in a 12 month period. The staff clinical supervision rate across the service was at 100% apart from Burnley which was at 87.5%.
- Staff held group discussions to facilitate learning.
- The staff told us they felt competent and well supported.
- Staff were able to access specific courses on sexual health which were provided by The Faculty of Sexual and Reproductive Health.
- We found that members of the service had competency based appraisal and supervision, which was focussed on the competencies within British Association for Sexual Health and HIV guidelines.

Multi-disciplinary working and coordinated care pathways

- The services had comprehensive links with other services across its footprint. A full range of services supported the work of teams including social care and criminal justice services as well as other health providers for example substance misuse services.
- The service had a good working relationship with safeguarding teams in other organisations as well as in its own organisation.
- The community outreach team worked closely with organisations that supported individuals with additional needs.

Referral, transfer, discharge and transition

- We were unable to obtain any accurate commissioning data which would indicate how successful pathways were in terms of referral, transfer, discharge and transition because commissioning targets had recently been set. However, these pathways were in the new commissioning targets. The service had no waiting times and slots were made available through the single point of contact or through follow on appointments with staff.
- The community outreach teams managed and referred a range of vulnerable individuals who could not access mainstream sexual health services.
- Two of the teams in North and East Lancashire and Central Lancashire treated under 25 year olds only. The teams had to refer those over 25 years of age to other providers in their area. The teams in North and East Lancashire and Central Lancashire had no data which could indicate the success rate or dropout rates of their referrals to over 25 year old services at the time of inspection. We were therefore unable to see how effective the transitional pathways were between services.
- Blackburn was the only team which provided services for all age groups. We found that the team based in Blackburn was able to provide continued care no matter what the age group for boths.
- Referrals were accepted from health professionals and social care teams as well as GPs and other team in the boroughs.

Are services effective?

- This service supported ‘looked after’ children as well as supporting young people under 16 years of age to help them make informed decisions regarding relationships.
- The service had effective pathways in place for child sexual exploitation and referral of victims of female genital mutilation.

Access to information

- The information needed to deliver effective care and treatment was available in a timely and accessible way through the electronic recording system. All documentation was electronically based including; care and risk assessments, care plans, case notes and test results. The electronic system followed British Association for Sexual Health and HIV (BASHH) guidance. The teams could access the trust’s policies and procedures through an electronic hub.
- Staff could use a number of computer terminals to access the internet and emails.
- In the teams we visited staff had access to a comprehensive electronic hub where team governance information and staff news was provided and updated by team managers on a monthly basis on a “team board”.

- The service had its own in-house testing equipment so that test results could be recorded and given to patients on the same day.

Consent

- The staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004 as well as Gillick competencies.
- The sexual health staff gained consent from each patient and this was documented on all the records we reviewed
- The electronic system used in the service supported this process through integration of consent questions in patient records. The staff could ask senior managers or senior clinicians in the service for clarification if need be.
- The electronic system used by sexual health services only allowed access to other parts of sexual health documentation once the consent question was asked and consent was gained.
- The team offered a confidential service.
- Young people gave verbal consent to treatment and advice and levels of maturity were assessed using BASHH guidelines.

Are services caring?

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

Summary

We rated the service as 'good' for caring because:

- We found that staff demonstrated a good understanding of people's needs particularly in terms of the social stigma attached to visits to sexual health services.
- The environment and positioning of services promoted dignity and respect of patients.
- Patients responded to questionnaires about the service positively.
- The staff ensured patients maintained privacy and dignity and took extra time to support people who were anxious.
- Services were young people friendly and made real effort to engage patients at appropriate venues and allowed peers to support patients whilst they were in clinic areas.
- Staff sign posted people to other support services when appropriate and dependant on need.

Compassionate care

- The NHS Friends and Family test (FFT) is a satisfaction survey that measures patient's satisfaction with the healthcare they have received. The service had recently started to complete the FFT since its procurement in April 2016. In the first two months of set up in the service April to May 2016, it had no FFT data. However, in June to July 2016 it registered 36 complete questionnaires. The satisfaction score for FFT was 97% positive satisfaction rates.
- We found staff demonstrated a good understanding of people's needs particularly in terms of the social stigma attached to visits to sexual health services.

- The staff we spoke with demonstrated a good understanding of people's personal, cultural, social and religious needs.
- The staff were clear that patients' privacy and dignity was key in the provision of a good service.
- We saw positive interaction from staff in waiting areas towards patients, making them feel at ease.
- The two sites we inspected provided a level of privacy for patients in terms of access.
- The two buildings we inspected showed good levels of specification, buildings were of a high standard promoting self-worth in patients and staff.

Understanding and involvement of patients and those close to them

- The staff allowed peers to support patients whilst they were in clinic areas. Staff felt this enabled young people to feel supported and increased the likely hood of engagement in the treatment process.
- The service allowed referral to the service via carer, support worker or family.
- The service undertook partner notification. Partner notification provided access to treatment or information to the partners of patients who have been at risk of infection due to sexual contact with the patient.

Emotional support

- The service provided emotional support for young people and provided them with guidance to make relationship choices.
- The service also supported individuals in psycho-sexual counselling and signposted to other support services including HIV support and counselling services i.e. rape crisis and abortion counselling.

Are services responsive to people's needs?

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

Summary

We rated the service as 'good' for responsive because:

- We found the service covered a wide and varied geographical area and also found the staff knowledgeable about the sexual health issues faced by local people.
- Services had varied and flexible opening times and had extensive satellite services in appropriate places, which met the population's needs.
- The services took into consideration communication difficulties if patient's first language was not English and accessed interpreters.
- The staff said they had good working relationships with other service providers which helped facilitate services working to meet the needs of the local population.
- Staff worked closely with patients with additional needs who could not access mainstream sexual health provision and also worked closely with providers of none mainstream services to ensure these service users' needs were addressed.
- Sexual health promotion teams provided education and training.
- The service had a wide range of opening times across all its sites, which included health centre; college's hospitals talk shops as well core service services.
- Patients could access sexual health services directly and request visits and appointments.
- Staff were available during the week and worked flexibly on weekends, when needed.
- We found examples of multi-agency pathways for patients with complex needs. High risk patients could be discussed in multiagency forums and services were co-ordinated to meet individual need through a combined approach to care planning.
- The community sexual health services took into consideration communication difficulties if patient's first language was not English and accessed interpreters.
- The sexual health service provided health promotion, education and training.
- Advice lines were advertised in literature and on websites to support people to seek help and support.
- The service worked closely with social care providers and education providers to address the needs of the local population for example training school nurses and social care staff.
- The clinical outreach team worked with individuals and groups who could not access mainstream services.
- The service new contract monitored prevalence against population and targeted the priorities identified by public health i.e. reducing teenage pregnancy, chlamydia screening and GUM interventions.

Planning and delivering services which meet people's needs

- We found that community sexual health services had a flexible, wide range of choice of services in place to meet the needs of its population. The two services we inspected were based with numerous other services which also focussed on the well-being of both young people and adults.
- The service had extended and variable opening hours in different sites for example colleges, youth cafes and treatment rooms. The service catered for patients on evening appointments and at weekends.

Equality and diversity

- The clinical outreach team worked with individuals and groups who have historically found it difficult to access mainstream sexual health services for example Lesbian, Gay, Bisexual and Transgender (LGBT), communities.
- The service won a quality kite mark award from Lancashire Lesbian, Gay, Bisexual & Transgender network in June 2016. The award was given to organisations that showed evidence of having a commitment to addressing inequalities that are faced by the LGBT community.

Are services responsive to people's needs?

- Staff had access to interpretation services and could also book translators to attend in person.
- The buildings were accessible to those with mobility problems.
- Reasonable adjustments were made to buildings so that disabled people could access and use services on an equal basis to others.
- Support materials were in place to help people with additional needs both in the services and online on websites.

Meeting the needs of people in vulnerable circumstances

- The service provided outreach services which took referrals for vulnerable individuals who could not access mainstream sexual health services.
- The service provided sexual health promotion, education, training and outreach.
- The service engaged in a number of multi-agency forums, an example of this work was participation on working groups for young people who were identified as missing and young people who were at risk of sexual exploitation.
- The team supported 'looked after children where needed and supported them to make decisions about relationship choices, skills and knowledge.
- The service is presently negotiating staff training provided by local specialist practitioners who specialise in learning difficulties. The training is focussed on the relationship between learning disabilities and sexual health.
- The service also plans to set up "open access" sessions. The sessions are provided by the NHS on an e-learning basis. The sessions give advice on developing services for patients with disabilities or sensory loss.
- In July 2016, the services under 25 teams invited partner agency to attend workshops which focussed on people in vulnerable circumstances due to discrimination. The programme provided an overview of sexual health in Lancashire, exploring strategies to promote positive sexual health in the LGBT communities as well as those living with disabilities.

- The single point of contact helpline ensured individuals were directed to clinics in their locations, at times which suited the individual and the individual's needs. The service's website also detailed opening times and location of clinics.
- Services had a range of staff including health care assistants, qualified nurses and clinicians who provided a wide range of services and high level of expertise.
- Referral to specialist clinics was available and could be arranged with the assistance of staff.
- The service was open access allowing patients to see individual teams on a face to face basis quickly.
- The service was integrated providing Genitourinary medicine (GUM) and sexual health service

Learning from complaints and concerns

- A trust wide policy existed which sign posted patients to the Patient Advice and Liaison Service (PALS). The policy included information on how patient or carers could raise concerns, make their complaints and compliments.
- The complaints were logged by PALS and patients or carers were regularly updated on the complainant and a formal record kept.
- We saw evidence of a complaints log in the service; all complaints were recorded appropriately and reviewed.
- Staff were aware of the complaints procedure and how to sign post people to the Patient Advice and Liaison Service.
- The complaint log was submitted centrally to the trust's monthly Quality and Safety Sub-committee for review and discussion.
- Staff we interviewed were aware of the complaints procedure and told us information about complaints was discussed in team meetings.
- Team leaders told us they tried to deal with complaints informally, in an attempt to come to a satisfactory conclusion for the patient. If this was not resolved locally, the complaint was escalated for further investigation.

Access to the right care at the right time

Are services responsive to people's needs?

- We reviewed complaints made about the service and the vast majority related to the change in service specification rather than any complaint about the staff or personal service provided. We found nine of the 20 complaints were upheld by the trust.

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.

Summary

We rated the service as ‘good’ for well-led because:

- The service regularly reviewed its work by evaluating what was good practice in differing parts of the service. Documentation showed that teams had started to work together to improve standards using the expertise across all its teams.
- We saw clear examples of multi-agency partnerships and positive relationships which were management led.
- We saw that managers and clinicians were knowledgeable and expert in their field.
- All staff within the service were aware of the governance arrangements.
- There was evidence of governance meetings both corporately and locally where managers discussed and reviewed risks and incidents.
- The service participated in the risk register which was reviewed by the trust board.
- Staff within the service were collectively responsible for service provision. Staff knew each others professional backgrounds and therefore knew who to contact for advice.

However;

We found the team in North Lancashire had experienced problems in obtaining new accommodation and this had a negative effect on morale amongst staff. The staff in the team highlighted that the Transfer of Undertakings (Protection of Employment), (TUPE) process had been stressful. In some cases staff were still being slotted into positions in the team. We found concern amongst the staff in the North Lancashire team that, in their view, management were not as high profile and “hands on” in their service, when compared to other teams.

Service vision and strategy

- The trust’s stated vision was to provide “High quality care, in the right place, at the right time, every time”.

- The staff we spoke with were aware of the vision and could describe the basic trust values.
- The team were all aware that their aim was to provide the best integrated sexual health care possible.
- Whilst the service did not have a designated vision, staff talked about providing quality care which was well governed and were proud of their specialism in sexual health and adherence to BASHH guidelines,

Governance, risk management and quality measurement

- All staff we spoke with aware of the governance arrangements within the team. Staff knew how information was shared and where to locate further advice.
- Team managers produced governance data on an intranet site “team board”, where staff could view performance and incidents in their particular service.
- The service held monthly meetings discussing incidents, the risk register and any matters arising
- Service leaders shared information to staff in clinics via meetings.
- The service had a risk register which was integrated into a children and families document, which in turn was reviewed by the trust board.
- Sexual health services had 17 risks on its register at the time of our inspection in September 2016. The service had 1 risk was rated as a risk of over 16, which was related to financial pressure, the other 16 risks were all below 9. All risks on the register including sexual health had been reviewed by senior managers and assurances and control measures were in place.

Leadership of this service

- Staff told us they knew who to approach to seek advice and guidance.
- There were clear lines of accountability within the service.

Are services well-led?

- Service leaders were on the whole described as approachable and managers were passionate about their support for staff. The exception to this was in North and East Lancashire where staff felt more support was needed.
- Service leaders were aware of the current issues within the service. They were working closely with commissioners regarding the business plan and looking to address new key performance indicators.

Culture within this service

- Staff we spoke with felt valued and respected. However, some staff felt they needed more management presence.
- The service was centred on the needs of local people and improving their sexual health understanding.

Public engagement

- The service undertook patient surveys. The number of patients involved in the survey from community sexual health services was high with 506 people responding.
- We found leaders encouraged teams to get patient feedback from patients.
- We found evidence of extensive patient surveys being undertaken across a wide range of teams.

- In the 12 month period before the inspection, we found the service had 506 compliments compared to 20 complaints.
- A number of the complaints related to the change in service specification rather than any complaint about the staff or personal service provided. We found nine of the 20 complaints were upheld by the trust.

Staff engagement

- Staff participated in team meetings and were encouraged to participate in service meetings as staff representatives.
- We saw evidence of an electronic staff information board based on the intranet, which was kept up to date by managers. Staff were able to see information regarding governance and patient feedback as well as information on the trust.

Innovation, improvement and sustainability

- At the time of our inspection, the number of clinics had recently been reduced in the area to promote stronger hubs in services teams. Service leaders were working closely with commissioners regarding the business plan and looking to address key performance indicators.