

Virgin Care Services Limited

Townside Primary Care Centre

Inspection report

3rd Floor
Knowsley Street
Bury
BL9 0SN
Tel:

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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?

Outstanding 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

This report relates to an inspection of the ORBISH sexual health service, which is registered to Oldham Health Services, Townside Primary Care Centre and Nye Bevan House.

The inspection took place on 30 September and 5 and 6 October 2021.

Our rating of this service is good because:

- The service was clean and well maintained. Staff followed infection prevention procedures to keep patients safe.
- Staff followed best practice and national guidance.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Managers planned and organised services so they met the changing needs of the local population.
- The service was well led, with a positive staff culture and good governance.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health (sexual health services)	Good 	

Summary of findings

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Summary of this inspection

Background to Townside Primary Care Centre

Virgin Care Services Ltd are contracted to provide specialist sexual health services across Bury, Oldham and Rochdale. This includes sexual health services for young people in all three areas (in Oldham this has been commissioned as a joint contract with a substance misuse service).

The service is known as ORBISH (Oldham, Rochdale and Bury Integrated Sexual Health). Three locations are registered with CQC for sexual health, Townside Primary Care Centre, Nye Bevan House and Oldham Health Services.

The three locations are each registered for treatment of disease, disorder and injury, family planning and diagnostic and screening procedures. Two registered managers are in place.

The service also operated satellite clinics across all three areas in health centres, schools and GP practices.

The service had previously been inspected as part of a provider led Virgin Care inspection in 2017. This is the first inspection of the service at location level.

How we carried out this inspection

The inspection was undertaken by two CQC inspectors.

Before the inspection visit, we reviewed information that we held about the location including information discussed at provider engagement meetings.

During the inspection visit, the inspection team:



- visited all three locations, looked at the quality of the environment and observed how staff were caring for patients;
- observed appointments with two patients who were using the service;
- collected 30 comment cards from patients using the service across the three sites;
- spoke with the registered manager and business unit manager;
- spoke with sixteen other staff members; including doctors, nurses, health care assistants, specialist workers and administrative and reception staff;
- looked at seven care and treatment records;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating 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>.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health (sexual health services)	Good	Good	 Outstanding	Good	Good	Good
Overall	Good	Good	 Outstanding	Good	Good	Good

Community health (sexual health services)

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

Are Community health (sexual health services) safe?

Good 

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 mandatory training was comprehensive and met the needs of patients and staff.

Staff completed training in basic life support, conflict resolution, fire safety, health and safety, infection control, safeguarding adults and children, equality and diversity and a number of medicines management modules depending on their role. All staff training levels were above 80% with most training at 100% completion.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Mandatory training was monitored by the registered manager and business unit manager.

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.

All staff received training in safeguarding adults and children. Clinical staff were trained to level three. The registered manager was the safeguarding lead for the service. Clinical staff had completed additional training in recognising signs of self neglect and specific child sexual exploitation, domestic abuse, modern slavery and female genital mutilation training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Community health (sexual health services)

The service had made occasional safeguarding referrals and staff were able to give examples of these.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff followed safe procedures for children visiting the service /department.

Clinics for the outreach and young people's service were arranged so that there was no cross over with adult clinics. The outreach staff generally saw young people in community settings which were more appropriate, including schools and colleges.

Outreach staff had good links with schools across the area and worked with pastoral teams and school nurses to ensure young people were appropriately safeguarded.

In the outreach service, staff had good links with other statutory services, including the local authority safeguarding teams. Outreach staff had specific safeguarding supervision sessions arranged where they could discuss complex cases with the safeguarding lead.

Staff within the outreach service worked as part of multiagency arrangements with vulnerable young people, including those at risk of child sexual exploitation.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

The service was based in a building with contracted cleaning and maintenance. Staff told us cleaning was completed to schedule and maintenance responded swiftly when needed.

Staff followed infection control principles including the use of personal protective equipment (PPE).

The provider had an infection prevention policy and procedures for staff to follow.

Staff were up to date with infection control training, health and safety training and additional training relating to use of personal protective equipment.

The service maintained stocks of personal protective equipment, including gloves and masks, and these were available in rooms throughout the service. Managers and staff followed government guidance aimed at limiting the spread of Covid19 in place at the time of this inspection. We saw procedures in place which staff followed, including social distancing in offices and clinic rooms, spaced out seating in the waiting areas and equipment and rooms were cleaned efficiently between each patient.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Clinical staff were completing cleaning of consultation rooms between patients and waiting areas were also being cleaned frequently. Schedules were in place and completed for cleaning.

Community health (sexual health services)

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.

Consultation rooms were fitted with equipment which was well maintained and clean, including examination couches.

Staff carried out daily safety checks of specialist equipment.

Staff completed daily checks of emergency equipment and a full weekly stock check of equipment needed by the service. Emergency equipment was stored in resuscitation trollies within each location. This included oxygen, masks and a pulse oximeter. A defibrillator complete with adult and children's pads was also stored alongside.

The service had enough suitable equipment to help them to safely care for patients.

Staff told us there were sufficient consultation rooms available within the services. If particular equipment was needed this would be sourced.

Each location had a laboratory on site where samples were analysed using microscopy. The rooms were all clean and well organised, with appropriate arrangements for slide storage and transfer to the pathology laboratories at the local hospital.

Staff disposed of clinical waste safely.

There were arrangements in place for the management of clinical waste, including sharps bins.

The service had arrangements in place for the safe transfer of blood samples to pathology laboratories, including at weekends.

Assessing and responding to patient risk

All referrals were triaged clinically and patient appointments prioritised based on this. Referrals for sexual health services could be prioritised if patients were in pain or presenting with specific symptoms and these patients could generally be seen on the same day.

Staff knew about and dealt with any specific risk issues.

Staff used templates within the electronic system for consultations, with templates for sexual health and contraception, including contraceptive implants and intrauterine device insertion and removal. During all consultations, staff asked about specific risks, including past medical history, current medical issues and current medication and allergies. This ensured that treatment provided was safely considered. All patients were given advice on who to contact if their condition changed or deteriorated.

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.

Community health (sexual health services)

The number of nurses and healthcare assistants matched the planned numbers, with some staff having moved across service to ensure good skill mix.

The service also had an administrative team.

The service had three current vacancies, for a part time sexual health nurse and a full-time and part-time worker in the outreach service.

The service had low turnover rates.

The service had low sickness rates but two staff were currently off on longer term leave with arrangements made to cover these roles.

Managers limited their use of bank staff to a small number of staff familiar with the service.

Managers made sure all bank staff had a full induction and understood the service.

Medical staffing

The service had enough medical staff to keep patients safe.

Medical staffing comprised four sexual health consultants who worked across the three sites.

Managers could access locums when they needed additional medical staff.

Managers made sure locums had a full induction to the service before they started work.

The service had a good skill mix of medical staff and reviewed this regularly.

Medical staff provided specialist services, including specialist clinics for patients receiving HIV treatment. Staff told us that they could always approach medical staff for advice or contact by phone if needed.

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.

Patient notes were comprehensive and all staff could access them easily. Records were stored securely.

The service used an electronic record system. All staff were able to access the system.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Community health (sexual health services)

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

Clinical staff completed training in medicines management, medicines administration and cold chain management.

The provider had a medicines policy which was comprehensive and included guidance for staff to follow relating to prescribing, administering, recording and storing medicines. Medicines were stored in locked cupboards in a locked clinic room. The rooms had air conditioning installed to ensure medicines were stored at the right temperature.

The service maintained a stock of medicines for treatment of sexually transmitted infections, including antibiotics and topical preparations. This was checked and restocked on a weekly basis.

The service also maintained stocks of contraceptives, including emergency contraceptives.

The only medicines stored in fridges were hepatitis vaccines and influenza vaccines for staff.

Room temperatures and fridge temperatures were checked daily.

Treatments could be prescribed by clinicians with ongoing prescribing transferred to the patient's own GP. Most medicines were supplied by nursing staff under patient group directions. Oldham and Bury had nurses who had completed their training to become non-medical prescribers and they could initiate treatments if needed. Prescription pads were stored securely.

Some treatments required regular blood monitoring and this could be completed within the service.

Staff followed current national practice to check patients had the correct medicines.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Safety alerts were cascaded via the provider's intranet and by managers.

The provider had a national medicines management team who reviewed medicine related incidents, updated policies and guidance and completed medicines audits.

Incidents

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy.

The provider used an electronic system which all staff could access. There were 106 incidents reported in the last 12 months. This included clinical incidents, security incidents and near misses.

Staff reported serious incidents clearly and in line with policy.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Community health (sexual health services)

Staff received training about duty of candour at induction. The provider had a clear and comprehensive policy for guiding staff to understand the duty of candour and the complaints policy also prompted staff to consider duty of candour. The service had had no incidents which met the threshold for duty of candour.

Staff received feedback from investigation of incidents, both internal and external to the service.

We saw that these were discussed in service governance meetings and team meetings.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. Following an incident involving a needlestick injury, we saw that staff and managers had devised a standard operating procedure to raise awareness and provide clear guidance to staff in safe use of sharps.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Managers debriefed and supported staff after any serious incident.

Safety Performance

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public

Are Community health (sexual health services) effective?

Evidence-based care and treatment

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Staff within the services followed guidance and best practice, including the Faculty of Sexual and Reproductive Healthcare contraceptive guidance and British Association for Sexual Health and HIV guidelines.

Staff also worked to NICE guidance including guidance related to young people, with a specialist outreach team working with young people to prevent sexually transmitted infections and provide contraceptive advice. The outreach team also offered specialist education wellbeing support including one to one support for young people to promote positive sexual health and reduce risky behaviour, group sex and relationship education in schools and colleges, support to access contraception and sexually transmitted infection screening and the c card scheme, offering access to condoms via community facilities, eg colleges.

The service had previously been part of a pilot scheme offering pre-exposure prophylaxis (PREP) medication and this had now become a standard treatment the service was able to offer. Nurses across the service had completed training to be able to initiate and continue treatment with PREP.

Community health (sexual health services)

We observed clinic appointments for routine contraceptive treatments and treatment appointments for sexually transmitted infection assessments and treatment. Staff followed prepopulated templates which ensured relevant questions were asked. Staff also asked about wider health issues and offered screening for example. Staff were aware of and could signpost to other agencies including smoking cessation, substance misuse services and local mental health services.

Patient outcomes

The service participated in relevant national clinical audits.

The provider completed mandatory audits including a health and safety audit every two years and annual infection control, safeguarding, hand hygiene and health records audits.

Local audits were completed, for example, a recent audit of practice against standards for gonorrhoea treatment highlighted areas for actions and a re-audit was planned following changes to assess improvements.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Outcomes and key targets were monitored by managers. This included numbers of patients seen and use of appointments and missed appointments.

Managers and staff used the results to improve patients' outcomes.

Action plans were devised from audit findings and these had clear timescales and measures for improvement.

Managers used information from the audits to improve care and treatment.

The provider group has an ongoing programme of audits, including confidentiality, onward referral, NICE compliance, infection control, safeguarding, health records and health and safety.

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. (delete if no outliers exist for the service)

Managers shared and made sure staff understood information from the audits.

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 staff working within the service had good understanding and knowledge of current practice in sexual health. Staff had completed additional training relevant to their roles, including training in intrauterine device placement and removal, emergency contraception and long acting reversible contraceptive implant placement and removal. Staff worked across sites to ensure that services were available where needed.

Two nursing staff in the service were non-medical prescribers which improved access to medicines where a prescription was necessary.

Community health (sexual health services)

Managers gave all new staff a full induction tailored to their role before they started work.

The provider had developed a comprehensive induction package for new starters. This included an induction passport, with checklists and reviews built into the first six months of employment. Clinical staff had an induction process started by managers to ensure that computer access, uniforms, name badges and lanyards and work stations had been organised before they commenced. On starting work, there was a clinical induction checklist completed in the first month and competency packages specific to role. We spoke to two new/recent starters across the service. They told us their induction had been well organised and that they had also had buddy support from colleagues and were able to shadow new processes with experienced staff.

Managers supported staff to develop through yearly, constructive appraisals of their work.

All staff completed an annual personal development plan.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work.

The provider had a policy for supervision, including managerial and clinical supervision. Managers also completed more informal regular conversations with staff during periods of restrictions, to support staff wellbeing.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

Managers had access to advice and support from a national human resources team and a specific human resources adviser for their service.

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 within the services provided support and assistance to each other. Doctors, nurses and health care assistants worked well together.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression.

Staff were aware of referral pathways for local mental health services if needed. Outreach staff worked closely with children's mental health services including local inpatient children's mental health services. Outreach staff had also worked at times with vulnerable adults, particularly during the pandemic to help support national homelessness plans and provide health screening.

Health promotion

The service had relevant information promoting healthy lifestyles and support in patient areas.

Community health (sexual health services)

The service did have health promotion materials but these were currently removed from the waiting areas following the gradual easing of Covid19 restrictions. Staff had contact details and information they could offer to patients if needed.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

The service offered advice on healthier lifestyle including screening for smoking cessation, substance use advice and signposting and other relevant screening.

Consent and Mental Capacity Act

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

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 and they knew who to contact for advice. Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. Staff could describe and knew how to access policy on Mental Capacity Act.

The provider had a Mental Capacity Act policy for staff, which was up to date and comprehensive, including recent legislative change and liberty protection safeguards proposals. The policy included guidance relating to children and young people. Policies were all stored on the provider intranet site.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

The service used an electronic records system.

Are Community health (sexual health services) caring?



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.

Community health (sexual health services)

We observed appointments with patient's permission in three separate clinics. Staff took the time to explain clearly and put patients at ease. Patients had time to discuss their worries and concerns and to ask questions or clarify.

Patients said staff treated them well and with kindness.

We asked for feedback in the week following this inspection using our internet feedback tool and comment cards left in the service. We received feedback from 30 patients. All feedback was positive. Feedback was continually positive about the way staff treated people. Patients reported that staff went "the extra mile" and their care and support exceeded their expectations.

Patients said they felt listened to, had sufficient information about their care and treatment, had a good experience of care, and were put at ease. Patients commented on the environment, that the service was clean, tidy and hygienic. Several patients fed back specifically about the confidentiality and privacy aspects of the service being well managed. Patients felt they were treated with dignity and respect.

Staff followed policy to keep patient care and treatment confidential.

Consideration of people's privacy and dignity was consistently embedded in everything that staff did. Staff discussed with us potential issues in terms of telephone calls for appointments and test results and the procedures they followed to ensure that they did not breach confidentiality. Staff working within the outreach service were also mindful of maintaining young people's confidentiality whilst being accessible and contactable. Systems were set up to ensure that information and records were secure and confidential.

Emotional support

Staff gave patients and those close to them help, emotional support and advice when they needed it.

There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.

Staff were skilled and experienced in discussing delicate and difficult issues and in ensuring patients were able to disclose their fears or anxieties.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Patients gave positive feedback about how staff had disclosed test results or diagnoses with them. Staff were adept at discussing treatment, prognosis and instilling hope and positive expectations. In each location staff worked with patients diagnosed with human immunodeficiency virus and they formed close, trusting relationships with these patients over time as their condition and treatment was monitored.

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 undertook detailed social, sexual and relationship histories and worked with patients on the impact that their condition or treatment would have.

Community health (sexual health services)

Understanding and involvement of patients

Staff made sure patients understood their care and treatment. We saw that staff talked with patients in a way they could understand, using communication aids where necessary.

Patients could give feedback on the service and their treatment and staff supported them to do this.

The service collated data via the friends and family test, as paper forms in the reception areas or available electronically for patients to fill in on a device.

Staff recognised and respected the totality of patient's needs. They always took patient's personal, cultural, social and religious needs into account, and found innovative ways to meet them. Staff within the service took comprehensive histories from patients to make sure they understood their holistic needs. Staff worked hard to develop and maintain good rapport with patients. They planned care flexibly in ways that worked for patients. Staff within the outreach service were committed to working with young people to improve their self-confidence, support their development and ensure they thrived. Staff within the team were passionate and inspirational about their work with young people.

Staff supported patients to make informed decisions about their care. Staff explained the benefits and drawbacks of proposed treatments, particularly when discussing methods of contraception. The outreach team worked to empower young people who used the service to have a voice and to realise their potential. Young people's individual preferences and needs were always reflected in how care was delivered.

Patients gave positive feedback about the service.

Across the service, on average 200 responses were received per month for the friends and family test, and the average recommendation score was between 95-96%. We reviewed the narrative responses for questionnaires completed in August and September 2021 and this included 194 responses, with the majority positive including about staff friendliness, helpfulness and easing concerns / worries. There were three negative comments which related to booking appointments, late running and lack of empathy.

Are Community health (sexual health services) responsive?

Good 

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. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the changing needs of the local population.

The service had developed a website to offer an 'online hub' where people could register for testing, order some test kits through the post and order condoms for delivery. Information on the site included advice and information about sexually transmitted infections, pregnancy, contraception (including methods and what to expect at appointments) and details of other health services including smoking cessation, substance misuse and breast and testicular checking. Appointments could be booked online or over the phone.

Community health (sexual health services)

The service had three main clinical hubs, in Bury, Rochdale and Oldham. Contraceptive and some sexual health services were also provided at seven primary care locations in the community to improve ease of access for patients.

The outreach service for young people saw patients at sixteen community locations, including schools, children's centres and within health services. The service also ran the c-card scheme, which gave young people access to condoms for free in accessible locations and by post. This included schools and colleges within the area.

The service response during the pandemic had been dynamic adapting to government guidance. Staff had been supported to work flexibly where needed, with investment in equipment to enable staff to work flexibly. There had been a continued face to face service operating throughout.

During the periods of Covid19 restrictions, the service had arranged for some tests and screening to be ordered online and delivered by post, along with a postal service for condoms.

The service had identified an increase in demand for long acting reversible contraceptives (implants) during the Covid19 restrictions and had offered additional training for staff to ensure that they could meet demand. Training had also been offered to other health care professionals, including practice nurses and midwives working locally, to offer more options for women considering these contraceptive methods.

Facilities and premises were appropriate for the services being delivered.

The three main clinic sites were all visited for this inspection. At Bury and Rochdale, the services had their own reception and waiting area. At Oldham, this was a large shared waiting area with another service with a second smaller waiting area available if patients were distressed or anxious. Waiting areas were clean and tidy. Reception areas offered space to speak privately.

All services had a number of consultation rooms, which were clean and appropriately furnished. Rooms were fitted with privacy curtains for preparing for examination and windows were fitted with privacy screening to allow natural light.

Staff also ran clinics in other settings and had organised "clinics in a bag" ensuring that all equipment they needed was available to pick up and go. Staff told us that whilst clinics may be for a specific purpose, for example, for contraceptives, they would also take screening kits and information about sexual health to ensure they could respond to additional issues or queries.

The service had systems to help care for patients in need of additional support or specialist intervention.

The service had pathways to other organisations and services, including acute hospital teams and termination of pregnancy services.

Managers monitored and took action to minimise missed appointments.

Missed appointments were reviewed in governance meetings to identify any trends or themes.

Meeting people's individual needs

The provider had an equality and diversity policy which outlined relevant legislation and provided guidance for managers and staff.

Community health (sexual health services)

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

The service used a telephone interpreting service or face to face interpreters to attend when needed.

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

The outreach service for young people offered services for young people in community locations, including children's services, schools, colleges, care homes and specialist education providers. Outreach staff were contactable by text message and phone. Specialist education staff worked with young people to offer education and support around relationships, raising self-esteem and improving body image, gender and sexuality and empowerment. Staff were passionate about the work they did with young people and the difference this made.

For children and teenagers who attended the service, they could be booked in at the start or end of the day to avoid having to miss school.

During the pandemic restrictions, outreach staff had also supported other statutory agencies in working with vulnerable adults, particularly those at risk of homelessness or in temporary accommodation. This ensured that people who are often difficult to engage in mainstream health services were able to access screening and treatment.

The service was able to make adjustments for patients with reduced mobility, and all rooms along with the waiting area were on one single level at each location. The services were all located above ground floor level with lifts available.

Hearing loops were available in all three locations.

The service was able to offer appointments for female patients with female medical and nursing staff, which was sometimes requested for cultural reasons.

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.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

The service had targets for different appointment types, with the only wait times currently due to increased demand for long acting contraceptive insertion appointments. At the time of inspection this was approximately a five week wait. The service was performing well against other key performance indicators.

The service had suspended drop in clinics during the Covid19 lockdown and subsequent restrictions and had moved to an appointment system. This had proved beneficial in being able to respond to demand and see patients more quickly. The previous drop-in clinics had proved difficult at times when capacity had been reached, whereas on other occasions there would be staff available but no patients to see.

Community health (sexual health services)

Managers supported clinical staff and were keen to remain clinically involved. At one location, we saw the manager had noted a referral taken by an administrator which they recognised as urgent. They rang the patient back within minutes, assessed them over the phone and arranged a face to face appointment for later that day. Telephone appointments were booked in to follow up patients and check on treatment progress or to discuss test results. The service was flexible and responsive to changing needs.

Managers worked to keep the number of cancelled appointments/treatments to a minimum.

Managers were able to plan staff availability and resource more flexibly as a result of moving to appointments only. Managers had increased the number of staff trained to provide certain forms of contraceptives in response to increased demand. The service had performance indicators related to missed appointments with the aim to keep these below 10% of booked appointments.

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 complaints leaflets and feedback forms available at the receptions to each location. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them.

The provider had a policy for complaints which outlined clearly for staff and managers the steps to take in dealing with informal and formal complaints. The provider had a customer experience team who could advise and oversee the process.

Managers investigated complaints and identified themes.

There had been four complaints made in the last 18 months. There were no specific themes common to these, two related to test results, one to insufficient information and one to difficulties making an appointment.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were discussed in the quality group and team briefings. Complaints were also discussed in the local team meetings along with actions being taken.

Staff could give examples of how they used patient feedback to improve daily practice.

Staff felt that patients had previously been unhappy with the drop-in nature of the service, where patients attended and were seen as long as there was capacity. Once the session was full patients were turned away. They reported positive feedback from patients about the appointment booking now in operation and patients who needed to be seen urgently, for example, if experiencing severe pain or symptoms, could be prioritised and seen rapidly.

Community health (sexual health services)

Are Community health (sexual health services) well-led?

Good 

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 registered manager has been in post since the provider took over the service and had extensive skills and experience. The business unit lead was relatively new to the service but had worked in similar roles in other services within the company.

Staff told us they knew the managers of the service and felt supported in their roles. They knew how to contact managers if needed and saw them regularly.

Managers could access support and coaching within the company. Leadership and management training was available and accessible. Managers told us they felt supported and valued.

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.

Virgin Care have a national framework of values and behaviours associated with these. These are incorporated into local services through meeting agendas and supervision frameworks.

New starters to the service received an induction/welcome pack introducing the values and expected behaviours.

The service had plans for the next six months to develop a young people's network with peer supporters and to expand the range of resources they used with young people, including feasibility of using popular social media applications. There were plans to increase the range of testing available including pharmacy screening kits, online pregnancy testing and increased testing availability at outreach sites.

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.

Staff felt proud of the service they worked in and that they provided good care for patients. Staff spoke passionately about the work that they did and the patients that they worked with. Several staff said they looked forward to coming to work and enjoyed their job. Staff felt they worked within flexible and supportive teams. They valued the experience and skills of each other.

Community health (sexual health services)

Staff told us they felt supported by managers and could raise any issues. The company provided opportunities for development and we saw staff had been supported to take part in training and skills development. New starters were supported and felt welcomed into teams. Staff felt workloads were reasonable, clinic lists and appointments were planned well and with sufficient time to care for patients and several staff highlighted having a good work-life balance.

Staff told us that during periods of Covid19 restrictions that they had been supported to work flexibly, including being able to work from home due to childcare arrangements or periods of isolation.

Regular team meetings were held to ensure staff could feedback any issues or concerns.

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 was one of a number of sexual health services and specialist dermatology services managed by the provider as one business unit. The business unit manager was relatively new to the role but had worked previously at this location and was familiar with the service. There were changes being made at the time of inspection to bring these services together for regular governance meetings to provide opportunities to share experience and good practice and monitor services alongside each other.

The business unit had support from other teams within the provider group, including human resources, finance teams, health and safety teams and medicines management.

The provider held monthly senior leadership team meetings to monitor business units and services nationally.

The service was commissioned by the local commissioning groups and managers met regularly with the lead commissioners to monitor performance and update plans for the service.

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.

Managers had access to dashboards which were grouped as a “service on a page” to allow monitoring of key performance indicators and service information.

Quality group meetings were held once a month. At the time of this inspection, this was changing to a business unit governance meeting with other provider services.

The service had a risk register which highlighted key risks for the service and was regularly reviewed.

The service had business continuity plans in place and had been able to continue to operate throughout the pandemic period with flexibility to meet the needs of patients and staff. Covid surge calls had been held weekly and these looked at specific factors nationally affecting services and detailed plans were completed to ensure service continuity.

Community health (sexual health services)

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.

The company had a national intranet and document sharing platform. This provided a central point for access to national policies, incident reporting and other support services and platforms used. This was also used as a central information sharing platform with weekly newsletters, webinars and manager cascades.

New starters told us this had been easy to navigate with a little practice and that the systems and information they regularly needed to access were available from there.

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 meetings took place each month at each location and these were well attended.

The service had established links with local commissioning groups and community organisations. This included local primary care services, mental health services and substance misuse services.

The provider completed a biannual engagement survey across the country completed by an independent organisation. Results were reported nationally and within teams with action plans devised from these.

The provider group also completed an annual awards scheme where staff could nominate colleagues for recognition. As part of this scheme, colleagues could also apply for grants to make quality improvements and “quick wins” in their local area.

The provider and service had focused on wellbeing more recently, with initiatives including wellbeing Wednesdays and a regular newsletter including articles on stress and self-care. There was also access through the company to wellbeing resources and apps.

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 been involved in a trial for pre-exposure prophylaxis and had been able to continue to issue prescriptions and monitoring for this despite the pandemic complications. The trial had completed and pre-exposure prophylaxis had been approved as a treatment which could be offered in service. The provider had moved quickly to train staff in the use of this medicine and organised competencies and patient group directions to ensure that they could begin to offer this.