

Hertility Health

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Hertility Health Limited on the 9 and 14 of November 2022. This inspection was conducted as part of our ongoing inspection programme of registered independent health providers.

Hertility Health Limited is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: diagnostic and screening procedures and treatment of disease, disorder or injury. Hertility Health Limited provides a fee-paying specialist service which focuses on the provision of services relating to reproductive healthcare through an at home hormone and fertility test. Additional clinical services available include consultations with gynaecologists, fertility nurses and fertility counsellors.

The registered manager of the service is a member of the provider's senior management team. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The provider had systems in place which kept clients safe. These systems included checks on staff working at the service, a programme of safety risk assessments on systems used by the service to deliver its product and that client information was stored appropriately.
- Clinicians at the service were aware of current evidence-based guidance and had the skills and knowledge to deliver effective care and treatment.
- The provider offered its service on a private, fee paying basis only and was accessible to female clients who chose to use it.
- The provider obtained consent to care and treatment in line with legislation and guidance.
- Staff felt valued and supported. Clinical and administrative staff worked closely together to provide quality services for clients.
- Provision of services considered client demand and included timely access appointments which included face-to-face, telephone and video consultations.
- Learning and improvement were key components of the service. Learning was used to improve and build on existing services.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist adviser.

Background to Hertility Health

Hertility Health Limited provides an online fee-paying service which offers at home hormone testing. The service also provides an online health assessment to be taken by clients in advance of the blood testing kit being sent to the client's home address. Once the at home blood test has been completed and sent back to the service's laboratory, the client's online assessment answers are reviewed by in-house clinical staff and in combination with the results of blood test, a personalised report relating to their reproductive health is sent to the client. Further consultations can be made with clinical staff at the service for an additional fee and at a time convenient to the client.

The registered manager of the service is a member of the provider's the senior management team. Consultations are undertaken by a team of consultant gynaecologists, general practitioners, fertility nurses, nutritionists and counsellors who are all registered with their appropriate governing bodies. Other staff working at the service include (but not limited to) data scientists, research associates, operations manager, quality assurance and regulatory affairs manager and data engineers.

The administrative address of the service is:-

167-169 Great Portland Street

London

W1W 5PF

The service telephone lines are open between 9am and 5pm on Monday, Tuesday, Wednesday, Thursday and Friday.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the service and in line with all data protection and information governance requirements.

During our inspection we:-

- Looked at the systems in place relating to safety and governance of the service on the day and in advance of our site visit
- Viewed key policies and procedures
- Conducted interviews with staff in person and online
- Reviewed clinical records

To get to the heart of clients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

We found the service to have systems and procedures in place to keep clients and staff safe and that there was evidence that the information to deliver safe care was available.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the provider as part of their induction and any ongoing training.
- The provider had not needed to raise any safeguarding concerns to the appropriate authorities (due to the length of time the service had been operating) but staff we spoke with were fully aware of procedure of how to do so if required. Staff took steps to protect service users from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff files we checked showed staff had received up-to-date safeguarding training, and that the training received was appropriate to their role. For example, the clinical staff files we checked showed safeguarding training had been achieved to minimum level three. The provider had a nominated safeguarding lead who was the person to contact should a safeguarding concern arise.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We viewed three staff records and found current DBS checks attached to their record. DBS checks were undertaken for all staff who had video contact with clients.
- Consulting doctors working at the service were independent contractors with practising privileges which allowed them to work for the service. Systems were in place to ensure the relevant checks and monitoring mechanisms were in place in respect of these individuals.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The provider carried out appropriate risk assessments which related to governance and performance which included focusing on the technology the service to ascertain how robust internal systems were to keep data secure.

Risks to clients

There were systems to assess, monitor and manage risks to client safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider employed a mix of clinical and administrative staff who worked remotely to provide the online service.
- There was an effective induction system for new staff joining the service tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Reports generated following the analysis of returned testing kits, have an internal colour grading system, which determined if the service would need to contact a client if results are deemed to require immediate action. A care call with clinical staff at the service would be offered to the client at the earliest opportunity to discuss results.
- When there were changes to services or staff, the senior management team assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for clinical staff working at the service.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to clients.

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The provider had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely contact with clients in line with service protocols.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues for clients, staff and technology.
- The provider monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The provider had implemented a digital dashboard (was accessible by staff) which was used for recording service-related information. Information input on the dashboard was graded according to whether action was required and if so, what type of action was needed to resolve the issue. The digital dashboard was reviewed daily by the heads of departments during their daily remote stand-up meeting to ensure no issue is left unresolved without an update being placed on the dashboard.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were comprehensive systems for reviewing and investigating when things went wrong. The provider had procedures in place to learn, shared, lessons identified themes and take action to improve any identified gaps in safety within the service. The inspection team viewed one significant event which identified advice error on a client report by a member of clinical staff. The error was identified at final report review before the report was sent to the client. The report was amended so that the advice contained within the report reflected current National Institute of Clinical Excellence (NICE) guidance. As a result of this event, clinicians' templates were updated to reflect current advice and information shared with clinicians advising them to check updated templates before providing advice to clients' (through reports) following receipt of the blood test results.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The provider told the inspection team that they would give affected people reasonable support, truthful information and a verbal and written apology. The provider had not had a safety incident since the service commenced.
- They kept written records of verbal interactions as well as written correspondence with clients.

Are services safe?

- The provider acted on and learned from external safety events as well as patient and medicine safety alerts. The provider had an effective mechanism in place to disseminate alerts to relevant members of staff. Similarly if the provider had been contacted by the outsourced blood-testing service alerting the provider to issues within their service, this information would be placed on the digital dashboard so that all members of staff were aware of the issue and also when the issue had been resolved.

Are services effective?

We rated effective as Good because:

We found the service employed qualified clinical staff with knowledge and experience to allow effective care and treatment to be delivered. Clients attending the service received person-centered care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to the service).

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The Chief Executive Officer of the service is a lecturer in genetics at University College London and is aware of current guidance relating to NICE and the Royal College of Obstetricians and Gynaecologists.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their physical wellbeing.
- Clinicians had enough information to make an assessment.
- In line with recent clinical guidance, the provider had incorporated additional tests as part of their hormone testing to include thyroid antibody testing to assess for autoimmune thyroid conditions and ferritin to screen for iron deficiency anaemia. The screening for anaemia was as a result of almost half of clients reported experiencing fatigue as part of their online assessment.
- We saw no evidence of discrimination when making decisions regarding future care and treatment pathways.
- The provider's service is web-based, providing home based hormone testing to women, to enable them a detailed insight to their individual reproductive health needs. A detailed online questionnaire begins the process, that takes into account variables which are used to calculate the risk for certain common pathologies which could lead to reduced fertility. Client responses and biometrics then feed the algorithm which tailors each test kit to be sent to clients.
- A traffic light system (red for urgent action, amber for action required and green for no action needed) is used by the provider when assessing/analysing symptoms and hormone blood test results. If action is required based on symptoms described by the client on their completed assessment, the service would contact the client (at the earliest opportunity) to refer them on to the appropriate service (for example a scan, if symptoms refer to consistent abdominal pain).

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider had a variety of ways to make improvements to the service including the use of anonymised client data to allow the service to build a database based on past results and report outcomes. By using the anonymised client data, the provider had been able to refine existing questions and add new questions to the online health assessment for the next version of the health assessment. The inspection team viewed the existing manual documents relating to the health assessment and noted how each question had assigned pathways dependant on the answer given. The provider told us that next version of the health assessment would be launched towards the end of this year. The

Are services effective?

provider also used quality improvement activity to make improvements to the service provided. The inspection team saw evidence of quality improvement activity through the reduction in response times to enquiries received at the service over two months. Despite an increase in the number of enquiries received in the second month, the service was able to respond to enquiries within 48 hours of receipt.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. All staff had a mandatory annual training program in place which had to be completed. Staff from various specialities worked at the service including consultant gynaecologists, an endometriosis specialist, a fertility counsellor, an obstetrician, fertility nurse and scientific researchers. There were also data scientists, front and back-end developers, data analyst and engineers who looked after the technological aspects of the service.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council (NMC) and were up to date with revalidation. The provider had systems in place to annually check that clinical staff working at the service had in-date registrations and revalidations.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to further develop their skills and knowledge. The provider had an educational fund to support all staff wishing to develop or gain new skills.
- Staff whose role included reviews of client blood test and online assessment results had received specific training to do so. New clinical staff were given role specific training and had their work quality checked by their head of department until a prescribed accuracy benchmark figure of reviewed and analysed reports had been achieved.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Clients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate.
- The provider ensured they had adequate knowledge of the client's health before issuing the blood test kit. This was achieved through an online health assessment which asked the client questions relating to their current health and lifestyle.
- All clients were asked for the name of their registered GP when registering with the service. The service did not share details of their client's report or any additional actions based on outcomes of the report with the registered GP, unless the client had consented for the service to do so. If abnormalities were found as a result of testing or concern relating to symptoms reported by the client, the client is advised to contact their GP as soon as possible and are provided with follow-up phone calls from the provider to ensure that contact with their GP has happened.
- The provider had risk assessed the services they offered. The service was for designed for women and consisted of an online assessment and analysis of hormones through a blood-testing kit. Once the blood test results had been analysed, a report would be generated using several pathways based on the results of the hormone blood test and answers provided on the online assessment. This report is reviewed and additional clinical input is added by clinicians at the service before it is sent to the client.

Are services effective?

- Client information was shared appropriately (this included when clients moved to other professional services in house), and the information needed to plan future care (if required) was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been recommended to have further consultations with other specialists either internally or externally.

Supporting clients to live healthier lives

Staff were consistent and proactive in empowering clients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Clients were given information relating to care on the online platform, in leaflet form as part of the blood testing kit and as recommendations within the report clients receive.
- The service told us that 44% of clients had received results indicative of a diagnosis that they did not have prior to undertaking testing.
- Where clients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The provider was passionate about women understanding their own fertility and hormonal health and had created a knowledge centre on the service website with a variety of topics relating to reproductive health.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Staff supported clients to make decision about their health requirements.
- The service provided three week and three month client follow-ups to gather information relating to outcomes following their interaction with the service. These interactions allowed the service to provide continued support to clients throughout their fertility journey.

Are services caring?

We rated Caring as Good because:

We found the provider respected client privacy and dignity. Clients were involved in decisions about their care and treatment and the service treated clients with kindness, respect and compassion.

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- The service sought feedback on the quality of the received. The provider told us that each client of the service was asked to complete a survey following the completion of their interaction with the service. The results were monitored and analysed to determine where (if identified) improvements could be made.
- If a consultation was booked with the service, a post consultation feedback form was sent to clients. The provider told us that this type of feedback has led to the inclusion within the service of nutritional appointments and increased resources on the website.
- Feedback from clients was positive about the way staff treat people. We viewed client feedback for the service on a well-known online feedback platform and noted that the service had received positive scores from previous and existing clients of the service.
- Staff understood clients' personal and social needs. They displayed an understanding and non-judgmental attitude to all users of the service.
- The service gave clients timely support and information. The provider was an online web based service and the inspection team saw that the service had processes in place to ensure timely contact with clients who may have encountered issues using the service or when the service needed to contact clients following analysis of test result data.

Involvement in decisions about care and treatment

Staff helped clients to be involved in decisions about care and treatment.

- Information leaflets were available in easy read formats, to help clients be involved in decisions about their care. Information leaflets were available online and with the test kits sent to clients.
- The provider tailored their communication with people in a way that was appropriate to the service. The provider used social media platforms as well as their website to provide information and educational resources.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.

Care calls were offered to clients if they wished to discuss the test result report once they had received the report.

Are services responsive to people's needs?

We rated responsive as Good because:

We found the provider offered timely access to appointments, had systems in place to address client complaints and concerns and made reasonable adjustments to allow all clients access to services.

Responding to and meeting people's needs

The provider organised and delivered services to meet client needs. It took account of client needs and preferences.

- The provider understood the needs of their clients and improved services in response to those needs. The client demographic of the service was females of childbearing age. The provider had developed a service using technology to meet the need of this demographic who wanted to have a greater understanding of their reproductive health. The provider used customer satisfaction (CSAT) scores and net promoter scores (NPS) to obtain a picture of client satisfaction with services provided. The provider told us that their current CSAT score was 100% and NPS 89, which were above industry standard.
- The service was based online which meant that women had flexibility and choice as to when they could access the online health assessment and related information on the website.

Timely access to the service

Clients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Clients had timely access to initial assessment, test results, diagnosis and treatment. The provider had implemented a hybrid service where the use of digital online assessments worked alongside telephone and video consultations (if requested by client). Once an online health assessment had been completed, the client would be directed to order a hormone blood testing kit (payment required in advance) to be delivered to the clients' home address. The at-home test kit would arrive (approximately) 72 hours after ordering. Once the blood sample had been returned to the laboratory for analysis, the client would receive their personalised report (written by a clinician) within 10 days. Next steps for client would be dependent on the hormone blood test results and recommendations by the clinician who had written their report.
- Waiting times, delays and cancellations were minimal and managed appropriately. The provider told us that telephone and video consultations were scheduled at a time convenient with the client. If the service needed to reschedule a scheduled call or consultation, this was done at the earliest opportunity and in consultation with the client.
- Referrals and transfers to other services were undertaken in a timely way. As this is a fee-paying service, consent was sought from the client, if additional consultations with clinical specialists were required. The service had a number of in-house specialists and if specialist services could not be obtained in house, the service would recommend external specialists who would be able to provide the required additional services.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a comprehensive complaint policy and procedures in place which detailed what action the service would undertake in the event of a complaint being received. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. The service had received a number of concerns relating to obtaining enough blood/sample using the lancets contained within the test kit sent to clients. We saw that the service responded to each concern with a tailored response to the clients' concern. As a result of these concerns, the provider has placed a how-to-video on their website showing the best way of using the lancets contained in the kit to assist in obtaining the required blood sample.

Are services well-led?

We rated well-led as Good because:

The leadership, management and governance infrastructure of the service assured the delivery of high-quality and person-centred care; supported learning and innovation and promoted the development and wellbeing of all staff.

Staff reported that they felt well led and part of a team. There was strong collaboration and support across all internal teams and a common focus on building on and improving the quality of services provided and clients' experiences using the service.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider was able to talk with the inspection team regarding challenges the service faced which ranged from having a service that was uniquely different in the way it wanted to approach what it was offering to being able to keeping the cost of the service reasonable so that it was affordable to a broad range of women without compromising on the quality of the service delivered. The impact of keeping the cost of the services provided (online assessment and blood hormone testing) competitive ensured that service was available to a wider range of prospective clients who previously may have thought this type of service was out of their price range.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The provider and founding members of the service (two chief operating officers and one chief executive officer who were the Senior Management Team (SMT)) comprised of highly-qualified individuals within their respective fields of reproductive science, genetics and medical law, who worked closely with heads of departments and other staff members to deliver a quality service.
- The provider had effective processes to develop leadership capacity and skills amongst existing staff.

Vision and strategy

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

- There was a clear vision and set of values at the service. The provider had a realistic strategy and supporting business plans to achieve priorities. The provider spoke with the inspection team regarding its vision to re-think current medical approaches to reproductive health in the UK and Ireland. The senior management team roles were held by women, allowing a female perspective regards to services offered. The SMT spoke with the inspection team about the vision and strategy of the service, some early setbacks regarding working with external stakeholders and how launching the service during the pandemic (the service launched during Autumn 2020) offered a different perspective on the provision of an online service. These issues strengthened resilience and determination by the provider to offer the best version of the service possible.
- The provider developed its vision, values and strategy jointly with staff and external partners. The SMT explained to the inspection team the purpose of the service and how through the service, the provider was able to facilitate conversations to help shape the future of and discussions relating to reproductive healthcare in the public sphere. The service had a unique diagnostic testing tool which was data-driven and provided insights through the data into reproductive health, fertility decline and the onset of menopause. The service provided expert advice, education and access to care to women who were primarily interested in understanding and playing an active role in their reproductive health.

Are services well-led?

- Staff were aware of and understood the vision, values and strategy of the service and their role in achieving them. The inspection team observed that staff we spoke with were committed to providing a different route for clients to engage with their reproductive health and to provide support in achieving positive outcomes for clients who engaged with the service.
- The provider monitored progress against delivery of their strategy. The provider continuously monitored the service performance using regularly meetings to monitor and analyse data including website usage, number of testing kits ordered and results of tests using algorithms to predict potential gynaecological outcomes for clients. In addition the service undertook analysis of their service in comparison to other organisations offering similar services.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service. Staff that we spoke with were passionate about the products they were offering and being able to deliver a focused data driven approach to an area of healthcare that is not often part of mainstream healthcare conversations.
- The service focused on the needs of clients. The service offered a web-based service for clients, which allowed for client choice when to access and use the service. Follow-up appointments requested by clients or recommended by the service, were scheduled at a time convenient to the client.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw this in the responses the service gave to concerns raised by clients. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. There was an open culture at the service encouraged by the SMT and this was witnessed by the inspection team through our interactions with staff on both days on inspection.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. New clinical staff had their test result evaluations reviewed by a senior established member of the clinical team received to ensure evaluations were correct. Administration and clinical staff had regular annual appraisals in the last year and this was evidenced the staff files we viewed. Staff were supported to meet the requirements of professional revalidation where necessary. Both clinical and administrative staff were encouraged to undertake professional development if a development need linked to their area of work was identified.
- There was a strong emphasis on the safety and well-being of all staff. Staff working at the service had access to a full-time counsellor if they required assistance with their well-being. The provider held monthly team days where the focus was on staff well-being. The team days allowed staff from different areas of the service to work collaboratively on different topics from their day role and potentially discover unknown skills of colleagues. The provider was able to talk us about how staff with photography skills was able to do some photography on behalf of the provider to promote the service.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally and there were positive relationships between all members of staff and individual teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. There was a comprehensive schedule of meetings in place which involved all staff at different levels where performance information, policy updates, staffing, clinical data and technology information was discussed. The SMT and head of departments had regular meetings regarding the governance of services and management of external partnerships.
- Staff were clear on their roles and accountabilities within the service with leaders present to provide clarification on roles (if required).
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Policies and procedures were reviewed annually and were updated when necessary if there had been change in procedure at the service. Policies and procedures were available to all staff via the provider's internal computer system.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The inspection team viewed a report relating to the integrity of the providers' IT systems. The provider had employed an external company to review its IT systems. The external company identified minor issues with regards to internal IT systems, which had been resolved by the provider.
- The provider used performance information, which was reported and monitored, and management and staff were held to account at meetings which looked at quality and performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to client safety. There was a risk register in place at the service which monitored issues that had been placed on the digital dashboard. Heads of department were responsible for ensuring that issues were resolved within specified timescales and updating the dashboard to reflect the issue as resolved.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality. The inspection team saw evidence of this through copies of ongoing audits of the written recommendations of doctors following analysis of test results. We noted that encouraging feedback was given to doctors by members of staff who had undertaken the audit.
- The provider had plans in place and had trained staff for major incidents. As the service was web-based, there were continuity plans in place if there was a disruption to the online service which would allow the provider to manage and minimise (as much as possible) any disruption remotely.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had access to information. There was a comprehensive schedule of meetings in place which involved all staff at different levels where performance information, policy updates, staffing, clinical data and technology information was discussed. Virtual daily ‘stand-up’ meetings were held giving head of departments an opportunity to discuss any issues that had arose in the previous 24 hours.

Engagement with clients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the clients, staff and external partners, acting on them to shape services and culture. The provider told us that due to the length of time the service had been live, customer feedback was essential for them to know where the service was getting it right and where some improvements could be made. The provider welcomed feedback (both internal and external) and saw it as a learning tool to be used to improve on the existing service.
- There were systems to support improvement and innovation work. Using analysis and feedback relating to the existing version of the health assessment on the website, the provider had created a second version of the assessment, which was to be launched shortly. The new version incorporated new pathways based on anonymised information from clients who had already used the first version of the health assessment and provided feedback.
- A new service was to be launched imminently using an online health assessment and hormone blood testing kit for women approaching or have started their menopause which focuses on ovarian, hormone and thyroid health.
- The CEO and one of the COO’s gave educational talks to companies regarding the importance of understanding reproductive health and the effects it could have on a workforce if employers are not fully aware on how to support female colleagues.
- Leaders encourage staff members to offer their views on how services could be improved and/or systems streamlined.
- Staff could describe to the inspection team the systems in place to give feedback. Staff appraisal and team meetings were the traditional routes to give feedback, but ad-hoc meetings between staff were also used as an opportunity to provide feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. The provider held regular staff surveys, the results of which were analysed, and the findings used to make internal improvements to the service. We also saw staff engagement in response to these findings.
- The service was transparent, collaborative and open with stakeholders about performance. Statistics and data relating to the service was available upon request to relevant stakeholders.
- The provider was innovative in the promotion of the service. The provider spoke with the inspection team about acquiring the services of an advertising company (with limited funding available to the provider) to produce a poster advertising campaign in London and a mini-film advertisement which is seen on the service website and has recently been shown in cinemas. The mini film is also on the providers’ social media pages. Following the launch of the advertising campaign, the service told us that there was a notable uplift in visits to their website and orders of test kits.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement. The service wanted women to have greater awareness of their reproductive health and had created the service to give women information and the opportunity to gain further insight on issues relating to their health. Feedback from clients, external partners and internal staff alongside regular reviews of incidents and complaints contributed to the culture of continuous learning and improvement established by the provider.
- The service continually used anonymised data to improve existing services and to use research to formulate and test hypotheses, which has led to several projects exploring different areas of reproductive health research. An example of this was research conducted by Hertility Health looking at the wait times for a polycystic ovary syndrome diagnosis and need for improved reproductive education, which may encourage women with these symptoms to approach healthcare providers sooner rather than later.
- The provider was able to show how data was used to make improvements to the service. We viewed data from a client product usability trial undertaken by the provider. The provider used the outcomes of the trial to redesign and reword the instructions for forms used as part of the sample collection kit. The provider told the inspection team that the changes implemented as a result of the redesign and rewording has led to a reduction in the number of customer service queries received relating to the use of the collection kit.
- The CEO and one of the COO's continued to work in their respective fields of relating to research in genetics and reproductive science and used this up-to-date knowledge to contribute to updates to the variables used to calculate common pathologies which could lead to reduced fertility. The access to up-to-date knowledge allowed the service to offer a service with the latest knowledge relating reproduction and fertility incorporated within its technology.
- The provider had implemented a customer service rota, which had all staff members (irrespective of role) being assigned to support the customer service team for one week at a time. This enabled all staff to have a first-hand understanding of client care and needs across all departments.
- The service website had a knowledge and resources centre which was available for individuals to locate information relating to female reproductive health.
- The service worked alongside other female-led health and wellness online companies to raise awareness of women's health and care during November 2022 through online talks about reproductive health and discounts on products at participating companies' online stores.