HCRG Care Services Ltd

Cheshire West and Chester Sexual Health Service

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?	Outstanding
Are services well-led?	Good

Summary of findings

Overall summary

We rated Cheshire West and Chester Sexual Health Service as 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.
- The service was committed and motivated to plan and provide care in a way that met the needs of local people and the communities served.
- 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 	We rated community sexual health services as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Cheshire West and Chester Sexual Health Service

Cheshire West and Chester Sexual Health Service is commissioned by the local authority to provide sexual health services to the people in the Cheshire West and Chester area. The service is based in The Fountains Health Centre in the centre of Chester.

The building is shared with other healthcare providers including NHS GPs, a dentist, pharmacy and other community health services. Services are provided at other spoke services across the area, but this had been restricted during the COVID-19 pandemic. At the time of inspection services were also provided from Stanney Lane Clinic in Ellesmere Port, Dene Drive Primary Care Centre in Winsford, and Watling GP Centre in Northwich. A further spoke site at Blacon Children's Centre in Blacon was due to open on the 2 December 2021. The main Fountains site had a laboratory for clinical staff to examine samples for infections (microscopy). The four spoke services could provide the same services as the main site, except for microscopy as they did not have direct access to the laboratory.

Cheshire West and Chester Sexual Health Service provides a range of sexual health services which includes contraception and assessment and treatment of sexually transmitted diseases. HIV services are provided in conjunction with an NHS trust, as is a sessional vasectomy service provided from The Fountains site. Outreach services are contracted to a voluntary organisation, and overseen by the provider.

The service has had a registered manager since registration. The service is registered to provide the regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning services; surgical procedures; and transport services, triage and medical advice provided remotely.

Cheshire West and Chester Sexual Health Service was registered on the 5 April 2019. The service was provided by Virgin Care Services Limited until the 30 November 2021. The provider changed to HCRG Care Services Ltd from the 1 December 2021.

This is the first inspection of this service since registration with CQC.

How we carried out this inspection

Before the inspection visit we reviewed information that we held about the service.

During the inspection visit the inspection team:

- visited the main location and one satellite location where care was provided, and looked at the quality of the environment
- spoke with three patients
- collected 21 comment cards from patients using the service
- spoke with the registered manager and other managers within the service
- spoke with and received feedback from 12 other staff
- reviewed 26 care and treatment records of patients and other care related documents
- received feedback from the commissioner of the service
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

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.

Outstanding practice

We found the following outstanding practice:

- A band five nurse development training programme was being implemented, to give nurses the necessary skills and experience to provide specialised integrated sexual and reproductive healthcare.
- Implementation of a height/body mass index/weight/blood pressure machine in main reception area, and an audit to measure its effectiveness and impact.
- Promoting relationships with other healthcare providers and staff. For example, the service provided two sessions of smear tests for staff working elsewhere in the Fountains Health Centre, provides informal advice for other organisations about menopause and hormone replacement therapy, and promotes teaching sessions for local health staff about sexual health and contraception.

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	Good	☆ Outstanding	Good	Good
Overall	Good	Good	Good	☆ Outstanding	Good	Good

Good

Community health (sexual health services)

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

Are Community health (sexual health services) safe?

Good

We rated safe as 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. 93% of staff were up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. An extensive mandatory training programme included a range of topics that covered responding to emergencies, safeguarding adults and children, management of medicines, and infection prevention and control. It was provided through a mix of online and face to face training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff were able to access online training, and book other training, though the provider's intranet.

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.

All staff received training specific for their role on how to recognise and report abuse. Clinical staff completed level three safeguarding training. Administration staff completed level two safeguarding training as they were often the first point of contact with patients. Staff also completed awareness training for child sexual exploitation and modern slavery.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a safeguarding lead (the clinical lead and consultant) and a safeguarding champion. Information was clearly available for staff on how to make a safeguarding referral, and who they could contact for advice both within and outside the service.

Good

Community health (sexual health services)

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had a safeguarding log which tracked any potential safeguarding concerns. This showed that staff had identified concerns which included domestic violence, sexual abuse and female genital mutilation. Appropriate actions were taken in response to these concerns. Safeguarding supervision was included as part of the monthly staff meeting, and this summarised learning from specific incidents. Staff followed clear processes for patients who had been sexually assaulted, either recently or in the past, which included contact with other organisations.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Patients were always offered a chaperone and the choice of gender. The initial assessment process identified protected characteristics and any accessibility needs.

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 generally performed well for cleanliness. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Services were provided in several NHS buildings, who provided general cleaning of rooms and communal areas.

Staff cleaned equipment after patient contact. Staff followed clear written procedures for cleaning clinical areas and equipment. Cleaning records were routinely monitored. This included a monthly hand hygiene audit, a weekly clinical trolley cleaning list, and an hourly cleaning rota.

Staff followed infection control principles including the use of personal protective equipment. During the COVID-19 pandemic the service had implemented infection prevention and control measures in accordance with national guidance. This included reducing in person contacts with patients, and where these occurred they were appointment-only to limit the number of people in the service at any time. The vaccination status of staff was recorded, and there was routine testing. Information about COVID-19, and other infection control information, was available on the provider's intranet. Staff had easy access to personal protective equipment.

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 service had enough suitable equipment to help them to safely care for patients. Staff carried out routine safety checks of specialist equipment. All medical devices and equipment had been routinely tested and calibrated.

The main service was based in a health centre, with satellite services provided in other mainly NHS buildings. The maintenance of these buildings was the responsibility of the building's owners. However, the provider had its own health and safety inspection checklist that it completed for all the sites it used. This included utilities, legionella and fire safety. Damage within the building had rendered one of the rooms unusable, and the provider was in discussion with the owner of the building to ensure this didn't happen again.

Good

Community health (sexual health services)

Staff disposed of clinical waste safely. Staff followed clear procedures for the correct disposal of clinical waste within the service. The service shared clinical waste disposal arrangements with other tenants, but had dedicated areas to store clinical waste ready for collection.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and responded to these risks.

Staff completed risk assessments for each patient on arrival and reviewed this when necessary. Staff knew about and dealt with any specific risk issues. The online care records contained a detailed assessment tool, which identified the patient's needs and any specific risks. This information was then triaged and reviewed by an administrator, health care assistant, nurse or doctor depending on the needs and risks identified. The assessment process continued during further interactions with the patient, and the risk assessment process followed national guidelines. Information about concerns and risks was easy to find in the online care record. In the event of the clinic being fully booked, staff had a list of risk factors that they would prioritise patients for.

The online care record included detailed assessments for the different types of treatments and procedures. This was a mix of standardised information and free text so that staff could follow national guidelines, and provide person centred care to each patient.

Staff shared key information to keep patients safe when handing over their care to others. Information was shared with others with the patient's consent. Staff followed national guidelines on discussing and sharing information with a patient's sexual partners.

Staffing

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

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

The recruitment of staff with necessary skills was kept under review. The service had recently created roles for and recruited a specialist HIV nurse, a health advisor and an assistant practitioner. The service did not currently have any nursing staff who were non-medical prescribers or who could fit intrauterine devices, but action had been taken to address this. The service had initiated a band five nurse development post, with a comprehensive training programme to develop their skills as a specialist sexual health nurse.

The manager could adjust staffing levels daily according to the needs of patients. There were detailed rotas so staff knew who was providing which service at each site every day. Staffing at each site included an administrator in addition to clinical staff. Off duty rotas were planned six weeks in advance so staff knew what was planned and where there were gaps. The number of nurses and healthcare assistants matched the planned numbers. Managers used bank staff who were familiar service, and staff worked overtime if necessary.

Managers had access to staffing information and human resources support so they could monitor vacancies, sickness and turnover. The service had two nurse vacancies with recruitment in progress.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had a good skill mix of medical staff on each shift and reviewed this regularly. The service had three consultants and three specialist doctors. They had the necessary range of knowledge and experience to provide care and treatment to patients. This included special interests in HIV and menopause.

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.

Patients' records were comprehensive and all staff could access them easily. Care records contained comprehensive information about each patient's care and treatment. The care records had templates with questions and prompts to ensure that key information was not missed. Staff clearly recorded information that was relevant to each individual patient, which demonstrated a person centred approach to their care and treatment.

Records were stored securely. All patient records were online. Staff had laptops and could securely access care records when they were providing care at satellite services.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Prescribing followed best practice guidance, which was referred to in the provider's policies. This was audited against British Association for Sexual Health and HIV and the Faculty of Sexual and Reproductive Healthcare prescribing recommendations. The provider had an online dashboard for monitoring prescribing and medicines safety.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Patients were provided with clear information and advice about their prescribed medicines and their effects. There were currently no non-medical prescribers. Medicines were prescribed by doctors, or administered by staff under patient group directions. These are written instructions that allow nurses to supply medicines to a pre-defined group of patients, without them needing to be seen by a prescriber. There was a structured programme for monitoring the use of patient group directions.

Staff completed medicines records accurately and kept them up-to-date. Staff had received medicines training that was relevant to their role. This included medicines administration, the use of patient group directions, and cold chain storage (for medicines that needed to be refrigerated).

Good

Community health (sexual health services)

Staff stored and managed all medicines and prescribing documents safely. Medicines were managed and stored securely. Good medicines practice was followed with medicines for contraception, sexually transmitted infections and HIV being stored separately. Expiry dates were clearly written on the end of medicines boxes and were clearly visible, which promoted effective stock rotation.

Staff learned from safety alerts and incidents to improve practice. Alerts about medicines was shared through the provider's intranet, and at monthly team meetings.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. All staff had access to the online incident reporting system. This was monitored by local managers and by the provider.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers had access to a detailed incident log which included information about the type, severity and impact of incidents, in addition to learning by individual staff members, teams and the organisation. In the previous twelve month period there had been 96 incidents reported, most of which were no or low harm. The provider had taken appropriate action to investigate and respond to the incidents.

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. When incidents had occurred that effected patients, the service had been open and transparent with patients, and taken the necessary action in response. Managers had followed the provider's duty of candour process where necessary. Patients had been provided with support.

There was evidence that changes had been made as a result of feedback. The provider had identified apparently unrelated incidents, and investigated them together to see if there was a theme. They had sought external advice, and implemented changes in processes, including competencies for staff, to minimise the risk of similar incidents happening in future.

Following a number of delays with a contractor, the service carried out an investigation, contacted patients and implemented further monitoring to ensure that any future delays would be identified by the provider.

Managers debriefed and supported staff after any serious incident. Staff met to discuss the feedback and look at improvements to patient care. Managers shared information about incidents with staff during the monthly staff/ governance meeting.

The service had had no never events.

Safety Performance

Good

Community health (sexual health services)

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?

Good

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider had care pathways or guidance for staff to follow for all different types of assessment and treatment for patients attending the service. This was incorporated into the online care record, which included prompts and questions for staff to work through. The care pathways followed national guidance which included guidance from the British Association for Sexual Health and HIV, the Faculty of Sexual and Reproductive Healthcare, the National Institute for Health and Care Excellence, and Public Health England. Staff followed this guidance, and documented it well in the online care record. Training in the service incorporated and referenced specific best practice guidance.

Staff presented updates on guidance or changes to practice at the monthly staff meeting. The provider had an audit tool for tracking the implementation of best practice. Information about national alerts and any action required were also presented at this meeting. For example, guidance was presented following a national blood bottle shortage.

Patient outcomes

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

The service participated in relevant national clinical audits. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. This included clinical care, health and safety, and response times. The clinical audits reflected national guidance.

Managers and staff used the results to improve patients' outcomes. An audit of patient group directions (medicines prescribed by doctors and supplied by nurses) was carried out. This identified some gaps and action was taken to address this. A repeat audit showed that improvements had been made.

Managers used information from the audits to improve care and treatment. Staff carried out an audit of what information patients wanted when they received their results. Most patients wanted to receive the results by text, and further information was asked about whether they wanted the name of the infection included in the result. The outcome of this was different depending on whether the test was positive or negative. This is still in progress, but will be used to inform future messaging.

Managers shared and made sure staff understood information from the audits. The findings of audits were presented at the monthly staff meeting. These included monitoring of call response times, and appointment delays.

Improvement is checked and monitored. Staff completed a programme of audits, which were evidence based and indicated where action was required. These showed that when necessary, audits had been repeated as planned and improvement noted. Audits in progress included of pelvic inflammatory disease, post-exposure prophylaxis (PEP) and the national British HIV Association audit on COVID-19.

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. Staff had a good understanding and knowledge of current practice in sexual health. Staff had completed additional training that was relevant to their roles. This included training in intrauterine devices and removal, emergency contraception and long acting reversible contraceptive implant placement and removal.

Managers gave all new staff a full induction tailored to their role before they started work. The provider had a detailed programme for new staff, which included competency checks, and included provider-led and local service training and support.

All staff had an annual appraisal and regular supervision. The provider had a policy for medical, nursing, clinical and non-clinical access to support and supervision. Staff had access to group support and discussion through the regular monthly staff meeting. This included discussion about safeguarding or other incidents.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff were very positive about the training provided by the service. Training was included in the monthly half-day staff meeting. There was a weekly 30-minute training session led by a consultant. This covered a wide-range of topics relevant to the service, and was often in response to staff requests. Recent sessions had included sexual history taking and confidentiality, post-vasectomy complications, faculty updates on implants and switching methods, and syphilis.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Staff told us they were allocated time to do online training.

Managers identified poor staff performance promptly and supported staff to improve. Managers had access to the provider's corporate human resources team for advice and support in managing staff performance.

Multidisciplinary working

All staff worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Patients were reviewed regularly by the team. Staff worked across healthcare disciplines and with other agencies when required to care for patients. A weekly multidisciplinary meeting was held with the NHS trust who provided support for the service's work with patients with HIV. The service had recently started a vasectomy service in conjunction with an NHS trust. The

service had clear pathways for patients who had been sexual assaulted, either recently or in the past. This included working with other agencies. Test results were usually sent to patients, but information was shared with the patient's GP with the patient's consent. Shared care with GPs was provided if necessary, for example if ongoing prescribing of medicines was required.

Staff made referrals to other agencies when necessary. Outreach services were provided by a voluntary organisation. This included working with children and vulnerable groups, such as with local organisations for the homeless.

Staff were working towards a 'one stop shop' for patients. If patients came into the service for one intervention, such as contraception, then smear testing may also be discussed with them and provided if possible.

Medical staff provided weekly 30-minute training sessions for all clinical staff. The service provided informal support and advice to other services. The service had recently hosted a training day (virtually due to COVID-19) across the provider's sexual health network.

The service had put on two sessions offering smear tests for staff working in other organisations within The Fountains health centre.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Information about sexual health and the services provided, included contraception, sexually transmitted infections, and HIV was provided on the service's website. When an appointment was booked, information was often sent to the patient by text (with their consent). This was often a link to online information, and the service had produced several online videos. These explained what to expect at the appointment, and showed what equipment was used. For example, what an intrauterine device (coil) looks like.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. The service was a sponsor for Chester Pride, and usually had a stall at the annual Pride event (this had been cancelled during COVID-19). They provide the 'box project', with boxes placed in pubs and clubs, but also in other public areas. This includes condoms and sanitary products, in addition to sexual health advice and information about services. The service had made online videos as part of this. This included what is in a postal testing kit, and what happens at a sexual health appointment.

The service had recently recruited a dedicated health advisor. The purpose of this role is to lead on discussions and advice about sexually transmitted infections, sexual health and partner notifications. The health advisor works directly with patients, and provides advice to other clinicians, in addition to leading on improvements in this area.

The service had been a pilot site for pre-exposure prophylaxis (PREP) to prevent HIV in people who may be put at risk of it. The service also provides post-exposure prophylaxis (PEP) treatment for people who may already have been put at risk of HIV.

The service commissions a voluntary organisation to provide outreach work. This is provided to a number of groups that range from young people, people who are homeless, and men who have sex with men.

Good

Community health (sexual health services)

The service provides an essential teaching session on sexual and relationship health for local primary care providers. The service provided a sexual health newsletter for commissioners and stakeholders.

Consent and Mental Capacity Act

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. All new patients had an assessment of any support they needed to access the service. This included whether the patient may need an assessment of their capacity to make these decisions.

Staff made sure patients consented to treatment based on all the information available. When patients made an appointment, they were often sent a text with a link to information about their concern. Staff spent time with patients explaining their options, to support them to make a choice. Staff clearly recorded consent in the patients' records. The online care records had clear templates to ensure that the necessary information had been discussed with the patient, specific to the care and treatment they were receiving (for example contraception, or to assess and treat a sexually transmitted infection).

Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. Information about consent, the Mental Capacity Act and the Deprivation of Liberty Safeguards was available on the provider's intranet.

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. Staff had laptops and could securely access care records when they were providing care at satellite services.

Are Community health (sexual health services) caring?

Good

We rated caring as good.

Compassionate care

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

Good

Community health (sexual health services)

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. Staff had a positive attitude towards patients, and a person centred approach towards their care. The care records had standard questions and prompts that ensured that the necessary assessment and treatment was carried out. However, it also contained free text boxes for staff to provide additional information about the patient, and this was used to good effect.

Patients said staff treated them well and with kindness. We received feedback from 21 patients during and after the inspection, and this was overwhelmingly positive about staff. They told us that staff were friendly and kind, and respectful and helpful. Staff provided information in a way they understood, and made them feel comfortable in what were often difficult circumstances.

Staff followed policy to keep patient care and treatment confidential. All care records were stored securely online. Patients completed an initial information form online or in the waiting area, and they didn't have to reveal personal information in front of other patients.

Staff understood and respected the personal, cultural, social and religious needs of patients and how this may relate to their care needs. Staff undertook detailed social, sexual and relationship histories with patients, and worked with them on the impact that their condition or treatment would have.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. 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.

Care records were person centred, and described discussions and interactions with patients that demonstrated the patient's needs had been considered. Care records demonstrated the specific concerns of patients, and if there were particular actions that staff could take to address this. For example, if patients were afraid of needles.

Staff described examples of patients who had required additional support to meet their needs, and the actions they had taken to do this. Feedback from patients after the inspection, and the service's own patient feedback forms gave examples of this.

Understanding and involvement of patients

Staff supported and involved patients to understand their condition and make decisions about their care and treatment.

Staff supported patients to make informed decisions about their care. Patient feedback confirmed that staff clearly explained information and treatment options to patients, so that they could make informed decisions. This was clearly

documented in the care records. Printed information leaflets were available, but the service tended to give patients links to online videos and information about the service and treatment, so they could clearly see what to expect at an appointment. Information about new services and treatments also linked to nationally available information, such as pre-exposure prophylaxis (PREP) to reduce the risk of HIV infection.

Staff talked with patients in a way they could understand, using communication aids where necessary. The service had an accessibility questionnaire that was used with all patients at the beginning of their interaction with the service. This identified if the patient had any accessibility needs. Staff and patients had access to language line, and to a video interpreter for patients who used British Sign Language. Staff described examples of where this had been used well. Staff had access to clear face masks, to support people who needed to lip read.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Staff encouraged patients to provide feedback on the service, using either paper forms or texts, with most patients responding by text. The service had an online dashboard that summarised this information, which showed that 95% of patients would recommend the service from 620 pieces of feedback from April to November 2021. Patient feedback was collated each month and presented to staff at the monthly staff meeting. Feedback from October 2021 showed that 151 patients had feedback about their care, and at least 96% were positive about the care they received. Patients could also provide a narrative comment, and again these were mostly positive. Some patients commented that they had had to wait longer than expected for their appointment to start, or to receive the call for telephone consultations.

Staff had carried out an audit with patients to determine their preferences when receiving test results, and intended to use this to inform patient choice in the future. This included how the patient received the results (most patients asked preferred a text), and what information this should include, which varied depending on whether the test was positive or negative.

Are Community health (sexual health services) responsive?

Outstanding ☆

We rated responsive as outstanding.

Service delivery to meet the needs of local people

The service was committed and motivated to plan and provide care in a way that met the needs of local people and the communities served. The service was able to provide numerous examples of how it has enhanced the service to meet patient needs, and had further plans to continue to do this. It also worked with others in the wider system and local organisations to plan care. The service consistently and proactively demonstrated where improvements have been made as a result of learning from reviews and that learning is shared with other services.

Managers planned and organised services so that they met the changing needs of the local population. There is a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which is accessible and promotes equality.

Good

Community health (sexual health services)

The service provided a range of sexual health, HIV and contraception services. They provided health promotion materials to the local community, and sponsored local LGBT+ Pride initiatives. Outreach services were contracted to a voluntary sector organisation. This included engaging with young people, older people, the LGBT+ community, and men who have sex with men.

People's individual needs and preferences are central to the delivery of tailored services. There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs. Staff had implemented an accessibility questionnaire for all new patients coming to the service. This identified if the patient had any accessibility needs, and suggested responses to how these could be responded to. This may include the use of interpreters, video interpreters for people who used British Sign Language, or clear face masks to support people who lip read. Some patients may be identified as needing extra time to go through their assessment and treatment choices, and be given an extended appointment

Staff had a vision for a one-stop shop for patients to make it more inclusive. We saw examples of this applied in practice where patients with complex issues were able to receive their care there and then, avoiding delay and further appointments.

The service had been a pilot site for pre-exposure prophylaxis (PREP) to prevent HIV in people who may be put at risk of it. This had been successful and the service was now able to provide this.

The services are commissioned for patients in Cheshire West and Chester, but patients may also attend from other areas, particularly as the service is near the Welsh border. Patients from other areas are encouraged to access their local services, but no patients are turned away.

The service had a "hot doctor" rota that was rotated amongst medical staff. This was an on call doctor who was available for staff if they needed medical advice or support during services. This minimised delays to patients, and doctors being interrupted during clinics.

Facilities and premises were appropriate for the services being delivered. The main service was based in the centre of Chester. Satellite services were provided in other services across Cheshire West and Chester. These had been temporarily stopped during the COVID-19 pandemic, but were now in place in Ellesmere Port, Blacon, Northwich and Winsford, with plans to reopen at other sites across the area. Evening clinics are provided, and there is a limited Saturday service available. Patients can access appointments and tests through telephone or online booking. The service provides postal tests kits that patients can come and collect at any time. They provide express kits for males, females, and men who have sex with men.

The service had systems to help care for patients in need of additional support or specialist intervention. The service had established links with other organisations and services, so that patients could easily access the care and support they needed. This included acute hospital teams, termination of pregnancy services, and sexual assault referral centres.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Missed appointments were reviewed in governance meetings to identify any themes or trends. Prior to the COVID-19 pandemic the service offered a predominantly walk-in service, so there were few missed appointments. The number of missed appointments had increased since the introduction of an appointment only service, and managers were working with staff and patients to try and reduce this.

Meeting people's individual needs

Good

Community health (sexual health services)

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

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. All new patients completed an accessibility questionnaire, to determine if they need any additional support to help them access the service. The main site was a modern health care building, and was accessible by people using a wheelchair or with mobility needs. The other sites in use at the time of inspection were NHS buildings with wheelchair access. Staff had access to clear face masks if a patient used lipreading. Patients with an identified need where they might need more time to discuss their care and choices were given longer appointments. Information for people with dyslexia had been adapted to make it easier for them to read.

The service had information leaflets available in languages spoken by the patients and local community. Most patients using the service spoke English fluently, but information was available in other languages if required. Printed information leaflets were available, but most patients were provided with links to online information. This included websites and videos with information about contraception, infections and treatments, but also about what to expect at an appointment.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff and patients could access a telephone interpreting service when necessary, and a video interpreting service for patients who used British Sign Language.

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 assess, 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. There were currently no waiting lists for services. Staff aimed to see patients within specified timeframes from initial contact to appointment. This was usually met, unless the patient was unable to attend an appointment offered. During the first COVID-19 lockdown in early 2020, in person appointments had been limited and this had led to a planned delay in reviewing/renewing patients with long-acting reversible contraception (LARC). There had been a waiting list, but this had been addressed. The lockdown had also led to in person services being provided only from the main site in Chester. This has now been reviewed, with additional clinics being opened in other parts of the county, and plans to extend this further.

During the first COVID-19 lockdown the service stopped walk-in clinics and moved to appointment only. This had continued, and all in person contacts remain by appointment. This has led to an increase in patients who do not attend their appointments. The service is continuing to monitor this, and work with patients to ensure they attend appointments as planned, or cancel beforehand.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Learning from complaints and concerns

Good

Community health (sexual health services)

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 clearly displayed information about how to raise a concern in patient areas. Information about how to complain was on display in the service, and on the service's website. Patients were encouraged to give feedback about their care and treatment at reception.

Staff understood the policy on complaints and knew how to handle them. The provider has clear policies on how to raise complaints, the action that should be taken, and within what timescale. This was monitored by the manager of the service, and corporately by the provider.

Managers investigated complaints and identified themes. The service had received four written complaints in the last 12 months. There were no themes from these complaints, and they were responded to in accordance with the provider's policy.

Managers shared feedback from complaints with staff and learning was used to improve the service. Any information or learning from complaints was shared in the monthly staff meeting. The service received feedback that the service wasn't very autism-friendly. This was discussed, and staff had now had autism awareness training. An autism nurse is due to attend at a future team meeting. Patients identified as having autism will have an extended time slot, to provide them with extra time to go through their assessment and treatment.

Staff could give examples of how they used patient feedback to improve daily practice. Some patients had fedback that they didn't like giving the receptionist details about themselves in front of other people in the waiting area. The service now have a form for patients to fill in and hand in, so they don't have to disclose information in a public area.

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

Good

We rated well-led as good.

Leadership

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

The registered manager had been in post since August 2019. They had access to the information and support needed to carry out their role. This included regular one-to-ones with their line manager, fortnightly calls with other managers in the organisation, and routine meetings with subject matter leads which included for health and safety, quality, and accounts.

Staff were positive about the managers in the service, and found them approachable. Staff were supported to develop their skills within the organisation.

Good

Community health (sexual health services)

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.

The service was commissioned by the local authority, and provided services that were identified as needed for the local population.

The provider has a national strategy for the provision of sexual health services, based on national guidance. The provider has its own set of values. The values are summarised as: “Think, Care, Do”. These are incorporated into staff induction, appraisal and training information. Staff described examples of how these were applied in practice.

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 were very positive about the team they worked with and felt supported by the team and managers. They felt able to speak out, and had access to a local and provider freedom to speak up guardian if they wanted to raise concerns. Information and feedback about the service was shared at the monthly feedback meeting. This included from the patients’ feedback forms, which were mostly positive, and where specific staff were mentioned this was fedback to them.

Staff were very positive about the training that was available to them, and found the weekly and monthly meetings very helpful. Colleagues were supportive and available for advice. Staff had been provided with personal support, and this included with flexible working during the COVID pandemic.

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 several sexual health services and specialist dermatology services managed by the provider as one business unit. There was a clear system for monitoring and sharing information locally, across the business unit, and across the wider organisation. This included a range of information about performance, clinical and other audits, staffing, complaints and incidents.

A summary of governance information was shared with staff at the monthly staff meeting. This included updates on areas where the service was performing well, areas where improvements were required, and where changes had been made as a result of previous information. For example, previous concerns about phone answering response times had led to an extension to the phone opening times, which had helped the situation. Managers shared information with staff about complaints, incidents and safeguarding concerns; and updates and developments within the service, and in response to changes in national guidance.

Good

Community health (sexual health services)

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 monitored and had access to online information about the performance of the service. This included online dashboards that summarised key information about their service. Managers were able to monitor how their service had performed, such as the number of specific assessments or treatments they had provided throughout the month, and whether targets and standards had been met. This information was routinely reviewed, and any necessary action taken to address areas of concern. Managers presented information about performance to staff at the monthly staff meeting.

The service had a risk register that included specific local risks, and broader risks that effected the service, such as the COVID-19 pandemic. Actions and mitigation to address these risks was included in the risk register, and these were regularly reviewed.

The service had business continuity plans in place. This had been implemented effectively during the COVID-19 pandemic.

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.

Managers reported patient outcomes to the commissioners and funders of the service. If any standards had not been met, a rationale was provided with any mitigation and plans to address this.

The service submitted information to national databases as required. This included sending information to the Genitourinary Medicine Clinic Activity Dataset (GUMCAD), Sexual Health and HIV Activity Property Types (SHHAPT), and to Public Health England's 'Fingertips'.

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 valued the monthly staff meetings, where information about the service and developments were shared. Patients were encouraged to give feedback about the service they had received. Audits had been carried out which involved patients and staff. This included how patients wanted to receive their test results, and if by text/email what information they wanted included in this. An audit had also been carried out of the use of the automatic height/body mass index/ weight/blood pressure machine that had been put in the reception area.

Good

Community health (sexual health services)

Outreach services were contracted to a voluntary sector organisation. This included engaging with young people, older people, the LGBT+ community, and men who have sex with men. The service sponsors Chester Pride and usually has a stall at the annual event, and participated in online videos promoting sexual health services and awareness. The service also held specific clinics for public testing on World AIDS Day in December 2021, which was advertised on social media.

The service worked with NHS organisations to provide or support specific services for patients. This included for ongoing HIV care and treatment, and a vasectomy clinic. The service provided shared care for patients with some GP practices.

The service promoted positive relationships with other healthcare providers and staff. For example, the service had provided two sessions of smear tests for staff working elsewhere in the Fountains Health Centre, provides informal advice for other organisations about menopause and hormone replacement therapy, and promotes teaching sessions for local health staff about sexual health and contraception.

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.

Staff were positive about the learning and training opportunities available in the service. In addition to formal training sessions and courses, there were weekly 30-minute training sessions led by the medical team – they provided updates on a range of issues effecting staff's daily practice. The monthly staff meeting also included training, information and discussion about developments within the service and in response to changes to national guidance, and developments resulting from identified areas for improvement from patient or staff feedback, complaints, incidents, or other monitoring and governance information.

Following several reviews of staffing roles within the service new/revised roles had been implemented for a specialist HIV nurse (following a joint working group with an NHS trust on improving the HIV pathway) and a health advisor. A band five nurse development training programme was being implemented, to give nurses the necessary skills and experience to provide specialised sexual health care.

Staff could apply for a 'Feel the Difference' grant from the provider for any innovations they thought would improve patient care. Staff were successful in getting the grant to install a machine that automatically measures blood pressure, weight, height and body mass index (BMI), and provides a printed read out. The machine was installed in the waiting area at the Fountains site, and enabled patients to have their observations taken whilst maintaining social distancing during the COVID-19 outbreak. A research project was carried out after the installation into its use, which included the views of patients and staff. Overall it was seen as positive, as it provided a generally reliable printed record of patient's observations and adhered to infection control measures, though a small proportion of patients and staff found it impersonal and too public.