HCRG Care Services Ltd

Virgin Care Services

Inspection report

Sterling Street Medical Centre
Sterling Street
Grimsby
DN31 3AE
Tel:

Date of inspection visit: 17 - 18 November 2021
Date of publication: 17/12/2021

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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

We rated this location as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents and learned lessons from them. Staff ensured premises were clean and well maintained and staff followed infection prevention procedures to keep patients safe.
- Staff provided high quality care and treatment. Managers monitored the effectiveness of the service and all staff were actively engaged in activities to improve quality and outcomes. Managers made sure the continued development of staff's skills, competence and knowledge was integral to ensuring high quality care. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Staff were committed to working collaboratively with external organisations and groups to deliver more joined up care to benefit people using the service.
- Staff treated patients with compassion and kindness. They truly valued people as individuals and empowered patients as partners in their care, both practically and emotionally. Feedback from people who used the service was continually positive. They thought that staff went the extra mile and that the care and support they received exceeded their expectations. Staff consistently embedded consideration of people's privacy and dignity into everything they did including awareness of any specific needs.
- The service tailored care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. Staff took a proactive approach to understanding the needs and preferences of different groups of people; they delivered the care in a way that met those needs and promoted equality.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Contents

Summary of this inspection

Background to Virgin Care Services

Virgin Care Services are contracted to provide specialist sexual health services across North and North East Lincolnshire to adults and young people aged 13 years and over. This includes the provision for both contraception and Genito-urinary medicine services.

The provider is registered with the Care Quality Commission to provide the following regulated activities:

- Treatment of disease, disorder and or injury.
- Diagnostic and Screening Procedures.
- Family Planning.
- Transport services, triage and medical advice provided remotely.

The service, which has a registered manager, operates from two locations:

- Sterling Medical Centre, Grimsby. North East Lincolnshire.
- The Ironstone Centre, Scunthorpe. North Lincolnshire.

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

What people who use the service say

We spoke with eight current patients during our inspection and reviewed feedback from 934 patients for the 12 months prior to the inspection. Patients who used the service gave overwhelmingly positive comments. They said the service was professional and friendly, that they were given respect and not judged, and that staff gave them information and the time needed to make informed choices.

We spoke with three carers who accompany patients to their appointments. They told us that staff took measures to put the patients at ease, and considered their individual needs when providing information and care.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

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

Before the inspection visit, we reviewed information that we held about the location and sought feedback from a range of stakeholders including service commissioners.

During the inspection visit, the inspection team:

Summary of this inspection

- visited both locations, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with eight patients;
- reviewed feedback from 934 patients who had attended the service in the 12 months prior to our inspection;
- spoke with the registered manager;
- spoke with 14 other staff members; including doctors, nurses, healthcare assistants and administrative staff;
- observed appointments with six patients who were using the service;
- spoke with three carers who accompany patients to their appointments;
- looked at 14 care and treatment records of patients;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Outstanding practice

We found the following outstanding practice:

The service introduced a postal condom scheme in December 2020 using their virtual hub. This is the service's online network to provide people with resources, advice and links relating to sexual health along with promoting their service and offering appointments. The scheme allows people aged 16 years and above in the North and North East Lincolnshire Local Authority to be able to order condoms to an address of their choice.

The scheme includes appropriate risk assessments for anyone under 18, regular audits and actions to ensure it meets the local population's needs.

The scheme promotes positive sexual health and promotes people to practice safer sex by removing barriers which may have otherwise prevented them to do so.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding

Community health (sexual health services)

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

Are Community health (sexual health services) safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training.

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

Staff completed training in basic life support, conflict resolution, fire safety, health and safety, infection control, safeguarding adults and children, equality and diversity and several medicines management modules depending on their role. All staff training units were above the provider's target of 85% with an overall compliance of 97%.

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

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff had received level three training in safeguarding adults and children. The clinical lead was the safeguarding champion for the service.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Clinical staff had completed additional training in recognising the signs of self-neglect and specific child sexual exploitation, domestic abuse, modern slavery and female genital mutilation. They attended multi-agency meetings around child sex exploitation and had good links with schools to ensure young people were appropriately safeguarded.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They monitored all concerns and used organisational leads for additional guidance and scrutiny where needed.

Staff followed safe procedures for young people visiting the service.

Outstanding ☆

Community health (sexual health services)

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.

Staff followed infection control principles including the use of personal protective equipment (PPE). They were up to date with infection control training, health and safety training and additional training relating to use of personal protective equipment.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Environment and equipment

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

The design of the environment followed national guidance. Staff carried out daily safety checks of specialist equipment and the service had enough suitable equipment to help them to safely care for patients. Consultation rooms were fitted with alarms and had equipment which was well maintained and clean, including examination couches.

Staff disposed of clinical waste safely. There were arrangements in place for the management of clinical waste, including sharps bins. The service also had arrangements for the safe transfer of blood samples to pathology laboratories, including at weekends.

Assessing and responding to patient risk

Staff assessed risks for each patient.

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

Staff completed risk assessments for each patient on arrival. They used a national proforma 'Spotting the Signs', endorsed by the British Association for Sexual Health & HIV, to identify key risks such as sexual exploitation, drug and alcohol use. All patients were given advice on who to contact if their condition changed or deteriorated.

Staffing

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

The service had enough nursing and support staff to keep patients safe.The number of nurses and healthcare assistants matched the planned numbers. Both locations had an administrative team.

The service had low vacancy, turnover and sickness rates.

Outstanding ☆

Community health (sexual health services)

The service had enough medical staff to keep patients safe. It employed two consultants. At the time of our inspection, one of the consultants had not returned to face to face appointments following the COVID pandemic. In response to this and as an interim measure, the manager was in the process of recruiting an additional consultant.

Managers could access locums when they needed additional medical staff.

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

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

Records

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

Patient notes were comprehensive and all staff could access them easily using the electronic system.

Records were stored securely.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. They reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. The service's doctor carried out prescribing reviews every six months.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Clinical staff completed training in medicines management, medicines administration and cold chain management. The provider had a medicines policy which was comprehensive and included guidance for staff to follow. Medicines were stored in locked cupboards in a locked clinic room. The rooms had air conditioning installed to ensure medicines were stored at the right temperature.

The service maintained a stock of medicines for treatment of sexually transmitted infections, including antibiotics and topical preparations. This was checked and restocked on a weekly basis. The service also maintained stocks of contraceptives, including emergency contraceptives. The service worked closely with the pharmacist to adopt national Patient Group Directions.

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

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

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

Outstanding ☆

Community health (sexual health services)

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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. They raised concerns and reported incidents in line with the provider's policy.

Staff understood the duty of candour and were open and transparent. They gave patients and families a full explanation if and when things went wrong. The provider had a clear and comprehensive policy for guiding staff and prompted staff to consider duty of candour. The service had had no incidents which met the threshold.

Staff received feedback from investigation of incidents, both internal and external to the service. These were discussed in the staff monthly clinical governance meetings which involved all staff. Staff were invited to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. The service had implemented a robust standard operating procedure to track ongoing referrals following an incident involving a lost onward referral. This was cascaded to other similar services in the organisation.

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

Managers debriefed and supported staff after any serious incident.

Are Community health (sexual health services) effective?

Outstanding ☆

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff within the services followed guidance and best practice, including the Faculty of Sexual and Reproductive Healthcare contraceptive guidance and the British Association for Sexual Health and HIV guidelines. This included the use of national proformas to identify key risks for specific groups of people. We observed a truly holistic approach to assessing, planning and delivering care and treatment to all people who use services with consideration for meeting people's individual differences and their wider health needs.

Managers and the clinical lead received regular guidance updates and alerts through organisational meetings and leads. These were cascaded to staff through emails and as part of their clinical governance meetings. The service had an effective audit programme to monitor compliance. We observed clinic appointments for routine contraceptive treatments and treatment appointments for sexually transmitted infection assessments and treatment. Staff followed prepopulated templates which ensured relevant questions were asked.

Outstanding ☆

Community health (sexual health services)

Staff adhered to NICE guidance including guidance related to young people. They offered specialist education to support and promote positive sexual health and reduce risky behaviour. They delivered contraception and sexually transmitted infection screening and treatment. The service participated in the c card scheme, offering access to condoms via community facilities such as colleges. The service encouraged innovative and pioneering approaches to care and how it is delivered using new technologies to support high quality care. It introduced a postal service for people aged over 16 to receive condoms which includes appropriate risk assessments. People could easily use this service using a QR code which can be scanned quickly and discreetly from their phones to take them directly to the site to order their condoms. The QR codes were appropriately placed in simple posters around organisations such as colleges and in stickers placed on condom packaging for simple re-ordering. The service also delivered point of care testing to reach a wider section of the local population. Both express kits and postal kits offered screening for Chlamydia, Gonorrhoea, Syphilis, and HIV.

During the COVID pandemic and in line with guidance, they increased their postal and express screening kit offer to reduce face to face activity.

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

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The service participated in relevant national clinical audits. The provider completed mandatory audits including a health and safety audit every two years and annual audits for infection control, safeguarding, hand hygiene and health record.

Managers used information from the audits to improve care and treatment. Local audits were completed, for example, recent audits against standards and outcomes for long-acting reversible contraception (LARC), gonorrhoea and syphilis. All audits had clear actions, time scales and monitoring measures to further improve on the service provided.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers shared and made sure staff understood information from the audits. They monitored outcomes and targets and discussed with staff in clinical governance meetings which was attended by all staff groups. Staff were actively engaged in activities to monitor and improve quality and outcomes.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff working within the service had a good understanding and knowledge of current practice in sexual health. Staff had completed additional training relevant to their roles, including training in intrauterine device placement and removal, emergency contraception and long acting reversible contraceptive implant placement and removal. Staff worked across both locations as needed to ensure that services were available.

There was one nurse in the service who was a non-medical prescriber; this improved access to medicines where a prescription was necessary.

Community health (sexual health services)

Managers gave all new staff a full induction tailored to their role before they started work. The provider had developed a comprehensive induction package for new starters specific to their roles. This included an induction passport, with checklists and reviews

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

Managers supported staff to develop through regular, constructive supervision of their work. The provider had a policy for both managerial and clinical supervision. The service had a 97% compliance in supervisions, staff told us they were also supported informally in addition to their formal supervisions. Clinical staff were supported monthly by consultants to discuss complex cases. The consultants attended peer supervisions with other similar roles in the organisation.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The service held a monthly clinical governance meeting for all staff. This involved a presentation around the service's performance, including safeguarding, incidents, staffing, audits, complaints, lessons learnt, development, innovation, risks and guidance and provider updates. Staff were encouraged to contribute ideas to enhance and improve service delivery.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The continued development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. The manager encouraged staff development. For example, the service was supporting a health care assistant through associate nurse training under an apprenticeship scheme, staff had completed diplomas in Sexual and Reproductive Health through the Faculty of Sexual and Reproductive Healthcare and the acquired the Letter of Competence in Intrauterine Techniques. A further staff member was due to commence training to become a qualified non-medical prescriber. Staff received mentorship training and training in microbiology from the local acute trust. Administrative staff were encouraged with qualifications to enhance their roles and provided with development opportunities to progress their careers. One member of staff had been supported to develop skills and receive training to progress from receptionist role to the service's data analyst. All staff had received training in female genital mutilation. Managers were supported by the provider to attend recognised management courses.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers ensured staff received protected time to attend and complete training.

Managers identified poor staff performance promptly and supported staff to improve. They had access to advice and support from a national human resources team and a specific human resources adviser for their service.

Multidisciplinary working

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

Staff within the services provided support and assistance to each other. All roles worked well as a team. They were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. They worked across health care disciplines and with other agencies when required to care for patients.

Outstanding ☆

Community health (sexual health services)

The service contracted a specialist external charity specialising in work with men who have sex with men. This charity had specific experience in engaging with this group of people to encourage them into screening and treatment provided by Virgin Care Services. The charity carried out outreach work at public sex environments and provided education in schools.

The service had close working links with the area's sexual assault referral centre. The centre referred people to the service to receive screening for sexual transmitted diseases and to acquire medications as needed.

In the Scunthorpe area, staff worked alongside a specialist charity who provide support to anyone who has experienced domestic or sexual abuse. This charity also works closely with sex workers. They distributed point of care screening kits on behalf of Virgin Care whilst encouraging people into the service where needed for treatment or prevention medications. In Grimsby, staff from the service had regular and close links with the area's street outreach team. This team had good relationships with sex workers and people working in establishments that sold sex.

Staff from the service regularly engaged with local schools and colleges to provide education, promote positive sexual health and prevention and to promote access to clinics and to inform of services available online. The service worked closely with school nurses, especially those involved in child exploitation cases. Staff worked alongside education establishments attended by young people with special education needs and behavioural issues. We spoke with one member of staff from these schools who had chaperoned several pupils into the service to receive treatment; they told us that they worked well with the service to provide effective care.

Both locations had good links with the local safeguarding authorities to refer or to request advice. Staff from the service attended the multi-agency child sex exploitation meetings. This enabled them to ensure they were aware of local concerns and to feed any intelligence or themes into a multi-agency approach. Staff also provided a workshop to local police teams.

Clinical staff from the service attended training sessions for GPs who were qualified in long-acting reversible contraception to make sure they kept updated with guidance.

Staff had links to engage with European communities and organisations supporting unaccompanied asylum-seeking children.

Staff were aware of referral pathways for local mental health services if needed.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. They were consistent in supporting people to live healthier lives, including identifying those who needed extra support and used every contact with people to do so.

We observed six patient appointments and reviewed the treatment and care records of 14 patients. Staff assessed, provided advice and brief interventions, promoting healthier lives and sign posting patients to other services. This included advice and sign posting for weight management, testicular self-examination, smoking cessation and substance use support.

Outstanding ☆

Community health (sexual health services)

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 understood how and when to assess whether a patient had the capacity to make decisions about their care. They gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available. Patients we spoke with, told us they were informed of all the information including the risks and benefits of a treatment, enabling them to make an informed decision.

Staff recorded consent in the patients' records. This was mostly embedded into a patient's contemporaneous notes or, a paper consent form scanned onto the electronic system.

Staff received and kept up to date with training in the Mental Capacity Act.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff understood Gillick Competence and Fraser Guidelines and supported young people who wished to make decisions about their treatment. They could describe and knew how to access policy on the Mental Capacity Act.

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

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

Are Community health (sexual health services) caring?

Outstanding ☆

Compassionate care

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

Feedback from people who used the service, those who were close to them and stakeholders, was continually positive about the way staff treat people. People thought that staff went the extra mile and their care and support exceeded their expectations. Patients said staff treated them well and with kindness.

The service actively sought patient feedback. In the 12 months prior to our inspection, they had received 934 feedback responses. Of these, 834 patients rated the service as very good, and 55 patients rated it as good. We reviewed the comments from the feedback which were overwhelmingly positive. They described staff as friendly, caring and

approachable. They fed back that the service was easy to access, supportive and confidential and that they were put at ease throughout. We also spoke with eight patients and three carers during the inspection. Comments were consistently positive around the care they received. For example, one carer we spoke with, told us that staff played calming music during a procedure to help put her family member at ease.

There was a strong, visible person- centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. They recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them.

Staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. We observed six appointments with patient's permission. Staff took the time to explain clearly and put patients at ease. Patients had time to discuss their worries and concerns and to ask questions or clarify. We spoke with the mother who accompanied her daughter to an appointment. She told us her daughter had a brain impairment and diabetes and that staff took extra time to explain the procedure to them prior to the intervention and showed a caring attitude throughout.

Staff followed policy to keep patient care and treatment confidential.

Consideration of people's privacy and dignity was consistently embedded in everything that staff did. Staff discussed with us procedures they followed in terms of telephone calls for appointments and test results to ensure they did not breach confidentiality.

The environment considered peoples' dignity. The toilet facilities had a hatch in the wall for patients to pass through any required samples directly into a nurse's room to maintain the patient's privacy and dignity.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgemental attitude. We spoke with a carer who regularly attended the service to accompany young people under 16 who have behavioural issues and educational needs. They told us they never waited to be seen, that the young people were put at ease and that staff explained steps at the level required.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Compliments received by the service included feedback from an external organisation who accompanied a non-English speaking young person to an appointment. The feedback described them "being blown away" by the care, and that the patient was given all the time they needed. It described the appointment as being managed sensitively making the young person comfortable very quickly and so able to trust the practitioner.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

They gave patients and those close to them help, emotional support and advice when they needed it. People's emotional needs were seen as being as important as their physical needs.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. They were skilled and experienced in discussing delicate and difficult issues and ensuring patients were able to disclose their fears or anxieties.

Outstanding ☆

Community health (sexual health services)

Staff undertook detailed social, sexual and relationship histories and worked with patients on the impact that their condition or treatment would have. They were adept at discussing sensitive issues whilst instilling hope and positive expectations. They worked at developing trusting relationships with patients.

Staff were conscious of how and when they informed patients of their test results ensuring there was support available at the time and afterwards. They encouraged patients to involve family members where this was appropriate. We reviewed the records of a patient with autism where staff had considered how test results would be communicated effectively taking into account the patient's disability.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. They understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. They worked to ensure people who used the service and those close to them were active partners in their care.

Staff were fully committed to working in partnership with people. They empowered people who used the service to have a voice. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered.

Staff made sure patients and those close to them understood their care and treatment. They talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff within the service took comprehensive histories from patients to make sure they understood their holistic needs. They worked hard to develop and maintain good rapports with patients. They planned care flexibly in ways that worked for patients. This included the offer for take away or postal screening tests enabling patients to identify infections from there own homes reducing the need to visit the service for some people.

Are Community health (sexual health services) responsive?

Outstanding ☆

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

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

Managers worked with commissioners to meet and address local community needs. For example, in Scunthorpe, underage pregnancies were increasing above the national average. In response, the service worked in partnership with a national organisation commissioned to deliver the procedure for termination of pregnancy. Staff planned for these procedures to take place at the Virgin Care Service on a twice weekly basis. This gave staff opportunities to promote contraceptive services at point of care, with the aim of promoting safer sex and reducing the areas underage pregnancy rates.

There was a local emphasis also on achieving greater Hepatitis B immunisations for sex workers. Staff used their local links to encourage workers into the service. They developed a blue card system for sex workers to present at the services' receptions to ease access and explanations.

Whilst the service continued to offer a face to face service during the COVID pandemic, their response was dynamic in adapting to government guidance for non-essential staff to work from home. Staff had been supported to work flexibly where needed, with investment in equipment to enable them to work flexibly.

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

The service had carried out a patient survey between July 2021 and October 2021, to identify people's preferences relating to accessing the services provided. There was a clear action plan for further improvements in response to the outcomes identified.

Staff had good knowledge of the area they worked in and adapted the service accordingly.

Facilities and premises were appropriate for the services being delivered.

The two sites were visited for this inspection. Both sites provided appropriate space and privacy for patients and were appropriately furnished.

Managers monitored and took action to minimise missed appointments.

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

Meeting people's individual needs

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

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs which was accessible and promoted equality. This included people with protected characteristics under the Equality Act and people who were in vulnerable circumstances or who have complex needs.

The provider had an equality and diversity policy which outlined relevant legislation and provided guidance for managers and staff. They had recently appointed a Diversity and Quality Belonging specialist. Staff were in the process of developing accessibility forms specifically around protected characteristics. This was to ensure a patient's individual needs were considered to improve access and experience. At the time of our inspection, this was awaiting final approval.

Outstanding ☆

Community health (sexual health services)

The provider was adopting the LGBT Foundation's nationally recognised Pride in Practice inclusion programme. The aim of this is to support changes within their services that more effectively meet the needs of LGBT people.

Both Grimsby and Scunthorpe services had commissioned the LGBT foundation to visit their sites to carry out reviews of their practice and embed positive actions. They were committed to improving experiences for people and ensure there are no fears of discrimination or hostility on the grounds of their sexual orientation, gender identity or trans status.

We reviewed patient records including one of a transgender patient and saw staff used appropriate language and pronouns in their notes.

Staff could access information leaflets in languages spoken by the patients and local community.

Staff ensured that people who often find it difficult to engage with mainstream health services were able to access screening and treatment. They took proactive steps to encourage sex workers, men who had sex with men and homeless people to access sexual health care. They used specialised and familiar outreach staff and engaged with statutory agencies to initially introduce the service and to offer point of care advice and screening tests. Staff offered appropriately timed appointments if further follow ups were required.

Staff from the service routinely visited schools and colleges and worked closely with 0-19 services to provide advice, signposting and education to young people.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Feedback we reviewed showed that interpreting services were effective, timely and caring. All staff had received training in cultural needs and in female genital mutilation. Staff were able to provide examples and spoke caringly describing the actions taken.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Both services had hearing loops and staff had access to clear masks to allow lip reading to meet the needs of patients with impaired hearing. The services were awaiting delivery of special overlay screens to assist patients with dyslexia in reading information.

The service was able to make adjustments for patients with reduced mobility. Premises were all located above ground floor level with lifts available. One patient told us that staff helped them to undress due to their disability.

Access and flow

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

People could access services and appointments in a way and at a time that suited them. Technology was used innovatively to ensure people had timely access to treatment, support and care.

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

The service had targets for different appointment types. Both services were seeing patients for all interventions within their commissioned targets. Patients in Grimsby were seen within five days and in Scunthorpe were seen within three days. Those patients with more urgent needs were mostly seen on the same day of referral. The manager monitored waiting times monthly. This included checks that a patients' wait in the reception areas were not excessive.

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

Patients could book appointments either through the service's virtual hub or by telephoning the service.

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

Managers were able to plan staff availability and resources more flexibly as a result of moving to appointments only.

Staff monitored and followed up patients who did not attend their appointments. Text messages were sent as a reminder prior to appointments and if missed, a further text message was sent. The rate of missed appointments was discussed in staff monthly clinical meetings. In some cases, missed appointments were communicated to the referrer, for example, a patient referred from the area's sexual assault referral centre.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns.

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

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

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

Managers investigated complaints and identified themes.

There had been one formal complaint made in the last 12 months. This was appropriately investigated and responded to.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Complaints were discussed in the organisation's quality group and team's clinical governance meetings including actions being taken.

Outstanding ☆

Community health (sexual health services)

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

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

Outstanding ☆

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

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.

There was compassionate, inclusive and effective leadership. Managers demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was an embedded system of leadership development. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.

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

Managers could access support and coaching within the company. The registered manager was completing recognised leadership and management training and felt thoroughly supported and valued in the role.

Staff spoke positively around the service's management. They felt the manager had a good overview of the service , recognised issues and took appropriate steps when needed. Staff felt encourage and fully supported to progress and develop their skills.

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.

Strategies and plans were fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.

There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans. Plans are consistently implemented, and have a positive impact on quality and sustainability of services.

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

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

The service had plans to increase the range of testing available including pharmacy screening kits, online pregnancy testing, and increase testing availability at outreach sites.

Culture

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

Managers had a shared purpose and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.

Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.

There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

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

Staff told us they felt supported by managers and could raise any issues. They were aware of the organisation's Freedom to Speak Up Guardian and felt there would be no repercussions if this was needed.

The company provided opportunities for development and we saw several examples where staff had been supported to take part in training and skills development. These opportunities covered clinical and administrative roles.

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

Staff were recognised in the organisation's award scheme. Any member of staff was able to nominate another staff member. Some staff from the service had won awards and attended national events to celebrate their success.

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 provider had a robust governance system to ensure performance was monitored across the organisation. Managers attended organisational business meetings for quality and safety and information governance. There was a clear flow of information from the service to executive level and vice versa.

The manager at the service had a good oversight of performance through detailed dashboards which included both organisational and commissioner performance targets.

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

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

Management of risk, issues and performance

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

Managers had access to dashboards which were grouped as a "service on a page" to allow monitoring of key performance indicators and service information. Quality group meetings were held once a month.

The service had a comprehensive risk register reflecting the individual risks for the location. The register was up to date, shared within the service and included clear dated actions.

The service had a business continuity plan in place which included COVID risks, winter pressures and Brexit.

Information Management

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

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

Staff told us this was easy to navigate that the systems and information they regularly needed to access were available from there.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

There were consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.

The service engaged with patients through feedback from the NHS national friends and family test. In the 12 months prior to our inspection, they received 934 reviews which included narratives for consideration. Staff also conducted a survey with patients seeking their preferences of how they wish to use the service. They reviewed 86 responses and analysed the information which included equality group's preferences.

Community health (sexual health services)

People had access to the service's virtual hub providing information, advice and the provision to book appointments. They also had a social media page allowing people to message the provider.

The provider engaged with staff through staff surveys and their intranet platforms. Their recent staff survey had an 81% engagement score. This was above the organisational overall rate and the NHS engagement rate. Staff meetings took place each month which were well attended. Results from surveys were discussed within teams with action plans devised from these.

The service had established links with local commissioning groups and community organisations. This included local primary care services, mental health services and substance misuse services. Staff attended multi-agency meetings to engage with appropriate groups. They had regular meetings with Public Health England involving similar services to ensure good practice and latest guidance was shared.

Learning, continuous improvement and innovation

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

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

The service use innovation methods to generate additional funds. The provider group completed an annual awards scheme where staff could nominate colleagues for recognition. As part of this scheme, colleagues could also apply for grants to make quality improvements and "quick wins" in their local area. The service also generated income through the promotion of training placements to medical students. Staff had completed training in mentorship to enable this. The scheme also promoted students to progress to work within the field when qualified.

During the COVID pandemic restrictions, a trainee doctor carried out a research programme on gonorrhoea. Findings from the research were delivered to the organisation clinical governance for future learning.