

Manchester Fertility

Inspection report

3 Oakwood Square
Cheadle Royal Business Park
Cheadle
SK8 3SB
Tel:
www.manchesterfertility.com

Date of inspection visit: 25 May 2021
Date of publication: 12/07/2021

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Manchester Fertility Services Limited as part of our inspection programme.

Manchester Fertility Services Limited provides diagnosis, treatment and counselling for people undergoing assisted conception. It is licensed to provide a range of fertility treatments by the

Human Fertilisation and Embryology Authority (HFEA).

We did not speak directly to people who use the service during this inspection due to COVID -19. People attend for appointments and day case procedures only. Prior to the inspection we provided the service with details to allow patients to share their experiences directly with the CQC electronically.

We received 23 electronic comments cards, 20 of these provided positive commentary and patients stated how happy they were with their treatment, they felt staff were supportive and caring and they told us how successful their treatment/outcomes had been. Three comments were dissatisfied about aspects of their experience, mainly around costing.

We saw the following good practice:

- Throughout the inspection the service demonstrated positive examples of holistic responses to patients' needs resulting in positive outcomes. With strong visible clinical, managerial leadership and governance arrangements in place to support the development and implementation of the learning cycles, new systems and innovations.
- The service had a programme of continuous quality improvement through clinical and internal audits, these were used to monitor quality and to make improvements, whilst being able to provide quality auditable data.
- The service won two accolades in December 2020 from Corporate Vision magazine. Winning 'Best Fertility Clinic' in the North West and the best 'Patient Care Excellence' awards.
- The service had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced and was regularly reviewed and discussed with staff.
- All staff fully understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and transparent throughout the whole service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector and a second CQC inspector, with access to advice from a specialist advisor.

Background to Manchester Fertility

Manchester Fertility Services Limited is located on the outskirts of Cheadle. The building address is Amelia House, 3 Oakwood Square, Cheadle Royal Business Park Manchester SK8 3SB.

The service has been established for 30 years in the North West.

The service is located in a two-storey building. The entrance has full disabled access which leads to what was (prior COVID-19) a seated reception area. Facilities are spread over two floors and include one operating theatre, outpatient and diagnostic facilities. A second patient waiting area is located on the first floor which was fully accessible by stairs or by a passenger lift. All staffing areas are closed off to the public with a key fob entry system.

The service provides surgical procedures but has no overnight stays.

The service is regulated by Human Fertilisation and Embryology Authority (HFEA).

The service is led by two managing directors (one male and one female) and they employ a range of clinical staff including obstetricians and gynaecologists, clinical embryologists, fertility nurses and midwives, radiographers and sonographers. A team of administration staff support the service. In total the service has 70 employees.

The service is open 7.00am to 6.00pm every weekday; afternoon surgery starts at 14.00 pm until 18.00pm. With Saturday and Sunday opened between 08.00am till 12.00 noon.

How we inspected this service

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

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

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

Before visiting, we reviewed a range of information and policies from the service. We carried out an announced visit on 25 May 2021. During our visit we:

- Spoke with a range of staff including managing directors, various nurses, various heads of departments, and administrative staff.
- Observed the patient's journey and how patients were cared for.
- Reviewed four anonymised samples of patient's records.
- Reviewed submitted online comments where patients and members of the public shared their views and experiences of the service.

Are services safe?

We rated safe as Good because:

The provider prided themselves on being a proactive, safe service that promoted a learning environment and thrived on evaluating learning and sharing. This ethos was found throughout the service and was demonstrated not only in written evidence but by all the staff spoken to during the inspection. The service had designated leads in areas such as clinical, safeguarding, operations, medicine management and audits, who were empowered to suggest and make changes to keep staff working to best practice. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff within the service

Safety systems and processes

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

The service had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The safeguarding lead attended external two-day training annually to ensure best practice was followed. For example, there was a safeguarding procedure in place for all woman who donate their eggs to the service.
- Risks to patients were assessed and recognised as the responsibility of all staff and were well managed. There were designated leads in areas such as safeguarding, who were empowered to suggest and make changes to keep staff working to best practice.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). For example, we observed every staff member had a DBS check clearly documented within their records. The in-house systems had safety assurance in place to highlight any issues.
- The provider conducted multiple high-level safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- There were robust infection control and decontamination systems in place with a head of infection control who kept up to date with best practice. All staff had received up to date training. Infection control audits were undertaken annually internally and by an external company. For example, in 2019 the HEFA undertook a full infection control audit and the most recent audit dated November 2020 scored 99%. We also observed a multitude of inhouse audits undertaken around infection prevention and infection control measures. The Infection control lead for the service attended an external two-day training course to maintain their skill set in this area.
- With COVID-19 restrictions in place on the day of the site visit, we observed clutter free areas, one-way systems, correct and appropriate use of Personal Protective Equipment (PPE) with clear signage throughout.
- The service maintained expectational standards of cleanliness and hygiene throughout. We observed the premises to be extremely clean and tidy. The provider had an external cleaning company attend onsite daily. Cleaning audits and rotas were in place.

Are services safe?

- The recovery area and consultation rooms were visibly clean and well maintained. The clinic delegated responsibility for cleaning to a contractor, who visited the clinic seven days a week, in the evenings. Cleaning staff had received training and were supplied with nationally recognised colour-coded cleaning equipment. This enabled them to follow best practice with respect to minimising cross-contamination.
- Clinical waste was disposed of correctly, in clinical waste bags and stored safely in a locked cupboard until collected by a specialist waste company, who collected on a weekly basis.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The service had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The environment in which patients received their consultations, treatment and surgical procedures were suitably arranged to ensure their safety. There were separate consultation rooms, a designated minor procedure theatre with an adjacent preparation/ recovery room. Separate areas were provided for storage of equipment and administrative purposes.
- As part of its licence to provide a range of fertility treatments by the Human Fertilisation and Embryology Authority (HFEA), the service complied with the Code of Practice.

This included ensuring sufficient competent staff were available to carry out highly technical work in a non-pressured environment. We found that there were appropriate numbers and mix of staff on duty, including a responsible person to ensure that gametes and embryos were stored properly, health care assistants, nurses, doctor and managing directors.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. We were provided with an example by the Health Care Assistant (HCA) which was correct and concise. Staff knew how to access the emergency medicine trolley and the sealed emergency medicine grab bags in other areas of the building. All other staff interviewed were able to describe the actions they would take to respond to a medical emergency.
- All 70 staff with the exception of the counsellors were employed by the provider. For the staff who were not directly employed by the provider an intense and fully auditable induction system had been tailored to their role.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. For example, we observed each step of the patient's journey documented within the comprehensive electronic patient record system.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, they worked very closely with their local hospital and provided support to them during the COVID-19 crisis.
- Clinicians made appropriate and timely decisions in line with protocols and up to date evidence-based guidance.
- The clinic had a chaperone policy and staff ensured a chaperone was always available to support patients, particularly during intimate examinations.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Resuscitation equipment was accessible in the recovery area. The resuscitation trollies were placed on both floors of the building and with safety seals and tag system. Staff checked the contents of the resus trolley when the seal was broken. Oxygen and a defibrillator were also available with weekly checks in place.
- The service carried out multiple medicines audits across the patient journey to ensure prescribing was in line with best practice guidelines for safe prescribing. All medicines stored underwent a full stock rotation on arrival of new stock, with all expiry dates and stock codes documented.
- Patient Group Directions (PGD) had been adopted for the fertility medicines held on site. These PGDs allowed the nurse to administer medicines in line with legislation, however these medicines could only be provided if the medicine had previously been prescribed.
- The service had a controlled drug accountable officer (CDAO) who was responsible for the prescribing and monitoring of schedule 4 and 5 controlled drugs. These medicines were securely locked and monitored monthly by the CDAO with regular medicines audits documented. There was a handwritten Controlled Drug (CD) logbook to document the use and disposal of medicines. All CD medicines that needed to be destroyed had a controlled drug denaturing kit to destroy any unwanted medicines safely.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines and audits. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues with regular checks and audits in place. The head of Health and Safety for the service had a comprehensive IT system to monitor all policies, amendments and used this system to update staff of any changes.
- The service monitored and reviewed activity at each stage in the patient journey This helped to give a clear, accurate and current picture of safety improvements. For example, the directors held various and regular meetings for their staff which covered risk, incidents, alerts and complaints.
- There was a system for receiving and acting on safety alerts, although most of these alerts were out of the scope of services delivered, when we spoke to staff they were aware of the latest alert. The service had a clear process for informing relevant staff by internal communication system, using the governance compliance system.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There were clear, well-structured systems for recording and acting on significant events and incidents. For example, as part of its licence with the Human Fertilisation and Embryology Authority (HFEA) the service must comply with the Code of Practice around significant events. This means all incidents which take place must be reported within 24 hours to the HEFA and fully investigated.
- There were systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. We were told things did not often go wrong but all staff we spoke with, were aware of the process and all told us the managing directors had an open-door policy.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems and tools in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology. We saw examples of these letters offering a full range of compensation to the patients.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

We rated effective as Good because:

The service used the latest electronic consent tracking system, which tracked and collected all consent forms in a safe and effective way. We saw an effective programme of continuous clinical and internal audits. The use of modern technology to help inform and document the patient's journey were well established and continually evolving.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. For example, the role of the patient advisor was to follow the systems in place to support prospective patients to complete a full medical history and the telephone appointments with a clinician followed by the face to face appointment.
- Clinical staff had access to guidelines and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed. Any alerts or changes were clearly communicated to staff and was fully auditable.
- Clinical risk assessments were in place for all patients' immediate and ongoing needs. This included their clinical needs and their mental and physical wellbeing. For example, the service invested in a patient portal which is an online tracker where patients can follow their own treatment plan online and speak directly to their clinician.
- We saw no evidence of discrimination when making care and treatment decisions. We were provided with various examples where patients' mental capacity and physical disabilities had been fully assessed fairly without bias or judgement.
- The use of modern technology to help inform and document patients' journeys had been well established. For example, the service developed an 'Electronic Patient Fertility Application' for smart phones. This application allowed patients to message directly their clinician for advice and support with a direct messenger service, test results obtained and appointment reminders all in one place. We were told this tool had been invaluable throughout the COVID-19 pandemic.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, we reviewed the latest infection control and fridge audit, along with a large amount of clinical and non-clinical audits documented and undertaken regularly, these audits followed the full patient journey from arriving to leaving the service.
- All clinics were fully audited on a regular basis with inhouse and external audits taking place. For example, a regular audit of 'Consultation records' a regular sampling audit of each clinician's consultation records was undertaken and a brief standard report was provided to the clinician offering feedback with action points, suggested learning and access to learning.

Effective staffing

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

Are services effective?

- The provider was in the processes of updating their electronic staffing systems to a more advanced application. The data migration had commenced, and the new system allowed all staff files to be stored electronically in one place and allowed staff to request annual leave digitally.
- We observed electronic staff records were comprehensive, up to date, concise and contained vital documentation such as photographic ID, training records, insurance and registration checks and immunisation status.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required. For example, we were told the service provided all staff access to one conference per year and opportunities to attend professional learning events.
- Clinical professionals (medical and nursing) were registered with the General Medical Council (GMC) and or the Nursing and Midwifery Council and records of these were up to date with the date of revalidation recorded. We were told the service pays the clinical professional's registration fees.
- The provider understood the learning needs of staff and provided protected learning time and training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. We were provided with various examples of support the service had provided to staff. One member of staff told us how they had been supported to attend university, with the service amending her working hours to help support this progression.
- The provider could demonstrate the competence of staff employed in advanced roles by audit of their clinical decision making, including medical prescribing all of which was (where possible) electronically recorded, clearly dated and stored for auditable purposes.
- All staff were appropriately qualified. The provider had an in-depth induction programme for all newly appointed staff and maintained employee files for current staff. For example, we witnessed induction learning and essential milestones were digitally documented and signed.
- The service provided staff with ongoing support, this included having a buddy, regular one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. We were told by staff how they enjoyed working at the service, they felt supported and happy.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, during COVID -19 the service supported the local hospital providing pregnancy scans for the local hospital's patients free of charge.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patient's records being fully electronic, comprehensive and auditable.
- The patient flow system was fully auditable, effective and well maintained.
- In the four patient records we reviewed all consent forms had been fully completed, signed and dated by both the patient and two witnesses. The consent form contained detailed information about the procedure, intended benefits, possible complications, and risks.

Supporting patients to live healthier lives

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

Are services effective?

- All patients were offered a specialised service called 'My Calimara' which involved a one on one session with a psychologist to offer emotional and supportive counselling and coping strategies.
- Where appropriate, staff gave people advice so they could self-care. This support was also offered virtually to all patients by the service's own in-house smart phone application.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Consent to care and treatment

The service had processes and guidance to obtain consent to care and treatment in line with legislation and guidance.

- The service had invested in a digital safety consent system, the witnessing's system electronically safeguards patients eggs, embryos and sperm, which also tracked and traced all eggs, embryos and sperm stored on site.
- Staff supported patients to make decisions, and assessed and recorded patient's mental capacity to make a decision. Staff explained the importance of the consent process, with staff explaining the process to assess mental capacity. For example, every patient prior to any treatment received a 'welfare of the child' check. A supportive process using counselling sessions prior to any treatment to safeguard the unborn child.
- The service monitored and audited the process for seeking consent appropriately. For example, all consent forms were witnessed and electronically signed by two members of staff, which were then stored electronically in the patients record.
- All staff had an understanding of the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

We rated caring as Good because:

We observed a strong patient-centred and holistic culture. We found multiple positive examples to demonstrate how patients' choices and preferences were valued and acted on throughout the inspection.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received by using various tools such as smart phone applications and face to face discussions.
- Feedback from patients was positive about the way staff treat people. Patient told us they were happy with their treatment, the staff were always friendly and helpful.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language and we were told the system used was very effective.
- Patients told us through online comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family or carers were appropriately involved. For example, we were provided with an example of complex case where the service was working with various stakeholders to help support the patient's needs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- All staff we spoke with understood and recognised the importance of people's dignity and the need to show patients respect.
- Staff respected confidentiality at all times.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

The service learned lessons from individual concerns, complaints and from analysis of trends. A patient portal system was in place to enable direct communications between clinician and patient. Complaints were always documented, reviewed and followed up.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service informed us they were the first clinic in the UK to offer 'money back' to patients by using a third party to support this offer. Patients who had received an unsuccessful treatment of In vitro fertilisation (IVF).
- The service is one of the first in the UK to provide, a comprehensive breakdown of the treatment packages and plans available to ensure the service is being open and transparent with their patients.
- The service's website had a wealth of resources and signposting that patients could access to inform themselves about fertility treatment and how to best support their health and wellbeing whilst undergoing treatment.
- All patients were given access to a website providing a wealth of information and tips on the fertility journey. For example, patients could submit questions relevant to their treatment plan and the site offered a place for patients to offer each other support.
- The facilities and premises were appropriately designed and set out for the services delivered.

Timely access to the service

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

- Patients had timely access to initial assessment, test results and treatments.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. For example, we reviewed the complaint log and actions and outcomes of those complaints. These were reviewed at the time of the complaint and annually by the service to identify any further trends or learning.

Are services well-led?

We rated well-led as Good because:

There was a focus on continuous learning and improvement at all levels within the service. The provider was forward thinking and proud vanguards in the industry of new innovations and technology. The robust governance and performance management arrangements were proactively reviewed and reflected best practice which supported their delivery of high-quality care. The service had won accolades for their services to patients.

Leadership capacity and capability;

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

- On the day of inspection, the directors in the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the directors were approachable and always took the time to listen to them. They also told us that the ethos of the service was non-judgmental and very open yet professional.
- The staff knew and understood the values of the service, which included working with trained and experienced teams of clinicians and administrators in a welcoming environment, whilst offering up to date medical services tailored to each individual with continuity of care which was demonstrated throughout the visit.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The providers encouraged a culture of openness and honesty.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Vision and strategy

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

- The service had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff told us there was an open culture within the clinic and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Team outings were organised before COVID 19.

Are services well-led?

- Staff said they felt respected, valued and supported, particularly by the directors and senior staff in the clinic. All staff were involved in discussions about how to run and develop the clinic, and the service leaders encouraged all members of staff to identify opportunities to improve the service delivered by the organisation. For example, one member of staff identified a cost saving for a patient, which was presented to the managing directors. After a meeting they came up with costing plan to help make the package more cost effective to the patient.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, complaints were discussed openly, and incidents were immediately reported and investigated. The service was also subject to regular monitoring by other regulatory bodies and inspection and reports demonstrated compliance with the requirements of this specific legislation for the Human Fertilisation and Embryology Authority (HFEA).
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary, this cost was covered by the service.
- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. They told us they attended the Fertility Nursing Forum by the Royal College of Nursing where learning and wider networking took place.
- There was a strong emphasis on the safety and well-being of all staff. We witnessed multiple safety nets in place to help minimise any risk to staff or the patient.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally and fairly and all staff we spoke with enjoyed their work environment. Many staff had worked for prolonged periods at the service, in some cases over 10 years.

Governance arrangements

Governance and performance management arrangements were proactively reviewed and reflected best practice which supported high quality care. This outlined the structures and procedures in place and ensured that:

- The service had strong clinical and non-clinical leads and systems in place to effectively manage significant incidents, safeguarding, human resources, education and quality for the entire service. For example, we saw evidence in multiple areas of an active lead to ensure regular audits, training and communication were effectively in place.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The directors were responsible for the smooth running of the clinic whilst the various heads of departments were responsible for infection control, buildings and health and safety plus all the IT systems and templates. All senior staff had clear individual areas of management responsibility.
- The service held rolling monthly full team meetings which included discussion of any significant incidents that had occurred, audit results, educational sessions and patient complaints. Individual departmental teams also held weekly and informal daily informal meetings.
- There was an overarching governance framework which supported the delivery of the strategy and an overall holistic approach to care. This included arrangements to monitor and improve quality and identify risk. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- The directors had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care to their patients. There was a clear understanding of who their patients were and they responded to the changing needs.
- All clinical staff received annual Intermediate life support (ILS) training while non-clinical staff received annual basic life support (BLS) training.

Are services well-led?

- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were strict arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

There was strong collaboration and support across all staff and a common focus on improving and providing high quality of care.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. All audits were in electronic format with easy access and availability to all staff.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Any incidents had a clear process of escalation to the HEFA, internal discussions and investigation in place.
- New ideas and solutions were shared and implemented, if it had a direct benefit to the patient.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The service followed the strict code of practice required by the Human Fertilisation and Embryology Authority (HFEA).
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing practice. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from staff through appraisal and the staff told us they would just ask or suggest in the team meeting. Staff also told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt completely involved and engaged to improve how the service was run.
- Annually the provider held a staff 'Well Being' week, the last event held in late 2019 included topics and features such as:

Are services well-led?

- Nutrient Therapy
- Massage Therapy
- Breakfasts provided for the week
- Personal finance advice
- Staff bake-off
- The service held annual developmental weeks to offer expert and up to date training to all staff.
- Staff monthly bulletins contained a mixture of work and lifestyle information, staff happily engaged in sharing personal events and lifestyle tips.
- Staff received a weekly snack box with a mixture of healthy and sweet options.
- Staff surveys were undertaken by the provider with results shared and ideas listened to.
- Staff had access to independent support from an external human resources (HR) team.
- Staff could describe to us the systems in place to give feedback. For example, we spoke to the head of human resources who had suggested newer processes and IT system to support their work. This was being rolled out at the time of our inspection and the data migration process was taking place to upgrade and align.
- The service won two accolades in December 2020 from Corporate Vision magazine. Winning 'Best Fertility Clinic' in the North West and the best 'Patient Care Excellence' awards.
- The clinic supported the local health economy by delivering NHS services through the pandemic to relieve pressure on the local hospital service.
- The use of a new digital system which documented patients consent and safeguarding of their eggs, embryos or sperm.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service had gathered feedback from patients by using various methods such as digital applications, face to face and through internal surveys and complaints received.

Continuous improvement and innovation

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

The directors had invested in the latest innovation, technologies and systems to ensure their patients received the best experience. For example:

- Latest innovative treatments available:
 - Embryo glue (a formula that contains high levels of a substance called hyaluronan. Hyaluronan occurs naturally in a person's uterine lining.)
 - SpermComet (a specialist test performed to check a man's sperm quality and DNA health).
 - Preimplantation genetic testing (PGT) (a screening test used to determine if genetic or chromosomal disorders are present in embryos produced through in vitro fertilization (IVF).
- The service participated in worldwide clinical research helping to shape and influence the fertility industry.