

HCRG Care Services Ltd

Lawson Street Health Centre

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service was clean and well maintained. Staff followed infection prevention procedures to keep patients safe. Staff assessed and managed risk well and followed good practice with respect to safeguarding. Staff ensured that clients who required urgent care were seen promptly.
- Staff followed best practice and national guidance. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff took time to interact with patients and those close to them in a respectful and considerate way. The service received consistently positive feedback from patients.
- The teams had access to the full range of specialists required to meet the needs of the clients. Managers ensured that these staff received training, supervision and appraisal. The service was locally well led, with a positive staff culture.
- Staff had good links with GP's, social care, police, sexual assault referral centre and attended multi agency meeting and child sexual exploitation meetings.
- There was effective engagement with hard to reach groups and young people, through subcontracting arrangements with specialist providers'

However:

- Workloads for administrative and clinical staff were high and had been for some time due to COVID-19. As a result, the coil fitting wait list for patients was at 12 weeks.
- There were some gaps in relation to clinical leadership input to corporate governance and strategic planning.
- The service had not managed to report accurate data to provide meaningful results to measure all performance.
- Not all staff had up to date job descriptions.
- The emergency trolley in Stockton was not easily accessible.
- Recent Faculty of Sexual and Reproductive Healthcare Guidance for 12 months contraception pill to be prescribed in safe circumstances had not been followed.
- The Provider had not had reasonable engagement with staff of its change of ownership.

Summary of findings

Our judgements about each of the main services

| Service | Rating | Summary of each main service |
|---|--|--|
| Community health (sexual health services) | Good  | Our rating of this location stayed the same. We rated it as good. See above for details. |



Summary of findings

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Summary of this inspection

Background to Lawson Street Health Centre

Lawson Street Health Centre (known locally as Teesside Sexual Health Service) was provided by HCRG Care Services Ltd at the time of the inspection although formerly owned by Virgin Care Ltd. The service had been registered with CQC since 10 April 2013.

The Lawson Street service is contracted to provide specialist sexual health services in the Teesside area 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 four locations:

- Lawson Street Medical Centre, Stockton on Tees
- The Live Well Centre, Middlesbrough
- The Fens Medical Centre, Hartlepool
- Redcar and Cleveland Leisure Centre and Community Heart, Redcar

The service is commissioned by Stockton Borough Council on behalf of Hartlepool, Stockton-on-Tees, Middlesbrough and Redcar & Cleveland Local Authorities, Tees Valley clinical commissioning group and NHS England.

There had been two previous inspections of this service, carried out on 13 September 2013 and 28 February 2017 - 01 March 2017 and 13 March 2017. These inspections found the provider to be meeting all standards inspected.

What people who use the service say

We spoke with seven patients during our inspection and reviewed feedback from 1713 patients from July to December 2021. Patients who used the service gave overwhelmingly positive comments. They said the service was professional, friendly and accessible and respect and dignity was maintained from start to finish. Staff took time to make patients feel comfortable and gave them information and the time needed to make informed choices. We spoke with three support workers 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.

Summary of this inspection

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 service, including information discussed at engagement meetings with the provider.

During the inspection visit, the inspection team:

- visited two locations, looked at the quality of the environment, clinic rooms and observed how staff were caring for patients;
- spoke with seven patients and three carers;
- observed appointments with four patients who were using the service;
- spoke with the registered manager;
- spoke with thirteen other staff members; including doctors, nurses, health advisors, health care assistants, specialist workers and administrative and reception staff;
- looked at eleven care and treatment records;
- carried out a specific check of the medication management; and
- looked at a range of policies, procedures and other documents relating to the running of the service.

Following the inspection, we sought feedback from the service commissioners.

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>

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure patients receive timely treatment.
- The service should ensure a stronger input from clinical leadership internally both within corporate governance and strategic planning.
- The service should continue to improve the accuracy of data both for internal and external use.
- The service should ensure all staff have up to date job descriptions.

Summary of this inspection

- The service should ensure the emergency trolley in Stockton is streamlined to carry only the essential equipment required in the event of an emergency.
- The service should ensure staff consider Faculty of Sexual and Reproductive Healthcare guidance re 12 months contraceptive pill prescribing in safe circumstances.






Our findings

Overview of ratings

Our ratings for this location are:

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

Community health (sexual health services)

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

Are Community health (sexual health services) safe?

Good 

Our rating for safe stayed the same. We rated safe as good.

Mandatory training

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

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

The mandatory training was comprehensive and met the needs of patients and staff. One clinical staff member stated the training was 'the best they had ever experienced'.

Staff completed training in basic life support, conflict resolution, fire safety, health and safety, infection control, safeguarding adults and children level 3, equality and diversity and a number of medicines management modules depending on their role. Most staff training levels were above 80% with many at 100% completion, apart from two face to face courses namely basic life support and conflict resolution which were at 73%. This was partially due to long-term sickness and maternity leave and courses being recently cancelled due to the latest COVID-19 outbreak. The courses were rescheduled to the weeks following our inspection to ensure compliance.

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. There were safeguarding leads in each location and an overall safeguarding service lead.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. All staff had completed additional training in recognising signs of self-neglect and specific child sexual exploitation, domestic abuse, modern slavery and female genital mutilation training.

Community health (sexual health services)

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff had made safeguarding referrals and staff were able to give examples of these. 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.

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

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

The service maintained stocks of personal protective equipment, including gloves and masks, and these were available in rooms throughout the service. Managers and staff followed government guidance aimed at limiting the spread of COVID-19 at the time of this inspection. We saw procedures which staff followed, including social distancing in offices and clinic rooms, spaced out seating in the waiting areas and equipment and rooms were cleaned efficiently between each patient.

Staff cleaned equipment after patient contact. Clinical staff cleaned consultation rooms between patients and waiting areas were cleaned frequently. Records showed the cleaning had been completed.

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 equipment, which was well maintained and clean, including examination couches. We saw alarms were fitted in consultation rooms in Lawson street clinic and staff used portable alarms in Hartlepool. The two remaining premises we were informed had alarms in consultation rooms.

Staff disposed of clinical waste safely. There were arrangements 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 and these patients could generally be seen on the same day.

Community health (sexual health services)

Staff knew about and dealt with any specific risk issues. 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.

At the time of our inspection the service employed two doctors in line with the new contract. However, one of these, the service consultant, had not returned to face to face appointments following the COVID-19 pandemic. As such, the second doctor saw all patients who required face to face appointments. In response to this and as an interim measure, the manager was in the process of recruiting a recently retired doctor to the bank for future use. Prior to the start of the new contract in August 2021, the service employed three whole-time equivalent doctors. Due to high workloads, a new staffing structure had been modelled and proposed, including a review of the current clinical mix.

The number of nurses and healthcare assistants matched the planned numbers for the new contract from August 2021. Occasionally, staff were required to move across sites to fill any gaps due to sickness.

The service also had an administration team. This consisted of two administration managers who were responsible for two sites each and a further nine assistants equating to 4.68 whole-time equivalent staff. The service was providing greater self-testing facilities to patients, which increased the number of results being returned to the service. This put pressure on the administration team as the new contract agreed was for one less administrator overall. A new staffing structure was proposed to increase the administration team by another full time member of staff.

At the time of our inspection, the service had three vacancies, for a practice educator, a doctor and an administrator.

The service had a staff turnover rate of 5% and a sickness rate of 6.3% in the last 12 months.

Managers limited their use of bank staff to a small number of staff familiar with the service and made sure all bank staff had a full induction and understood the service well.

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. We looked at 11 care and treatment records and all were completed to a good standard. We saw clear evidence as to why a plan had been followed and showed ongoing follow up and continuity of care. There was also evidence of links to other services for example GP's, social care, police and sexual assault referral centres. There was also evidence of physical health interventions for example smoke cessation.

Records were online and stored securely.

Medicines

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

Community health (sexual health services)

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.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Clinical staff completed training in medicines management, medicines administration and cold chain management. The provider had a medicines policy which was comprehensive and included guidance for staff to follow relating to prescribing, administering, recording and storing medicines. Medicines were stored appropriately in locked cupboards in a locked clinic room. Fridge temperatures were checked daily.

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

The Faculty of Sexual and Reproductive Healthcare (FSRH) recommends prescribing 12 months of the contraception pill in safe circumstances as a restriction of the supply could result in unwanted discontinuation of the method and increased risk of pregnancies. However, we found no examples of this recommended period of prescribing at the two sites we visited.

The service also had the required emergency medication and equipment. In Stockton we saw this was stored on a trolley in a locked room. The trolley contained all the right equipment but because it was cluttered with duplicate items it was difficult to move and use. We raised the issue with staff, who removed the duplicate items.

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

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

Incidents

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.

The provider used an electronic system which all staff could access. Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. Incidents were reported onto the provider incident report system and reviewed by managers.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider had a clear and comprehensive policy for guiding staff to understand the duty of candour and the complaints policy also prompted staff to consider duty of candour. The service had had no incidents which met the threshold for duty of candour in the last 12 months.

Community health (sexual health services)

Staff received feedback from the investigation of incidents, both internal and external to the service. We reviewed four incidents and found these were fully investigated with learning implemented. We saw these were discussed in service governance meetings and team meetings which involved all staff. Staff were invited to discuss the feedback and look at improvements to patient care.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Some examples of learning included the improvement of joint working with other professionals, communication with non-clinical and clinical staff within the service. There was evidence that changes had been made as a result of feedback. For example, following an incident involving delayed results for a patient due to an oversight, a new safety net system had been devised and implemented together with the delegation of tasks to a specific staff member with allocated time for completion.

Managers debriefed and supported staff after any serious incident.

Are Community health (sexual health services) effective?

Good 

Our rating of effective stayed the same. We rated it as good.

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 British Association for Sexual Health and HIV guidelines.

Staff also worked to NICE guidance including guidance related to young people.

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

During the COVID-19 pandemic and in line with guidance, the service increased their postal and express screening kit offer to reduce face to face activity.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The service participated in relevant national clinical audits. The provider completed mandatory audits every year including a health and safety audit, an infection prevention audit and a safeguarding audit. Other audits were on a monthly basis including onward referral summary, antimicrobial prescribing metrics, clinical coding, safeguarding and hand hygiene.

Community health (sexual health services)

Managers used information from the audits to improve care and treatment. Local audits were completed, for example, a recent audit of practice against standards for syphilis treatment highlighted areas for actions and a re-audit.

Outcomes for patients were positive, consistent and met expectations, such as national standards in all areas except for syphilis, where it was declared Teesside was at epidemic level and long-acting reversible contraception as the wait list was 12 weeks for patients.

Outcomes and key targets were monitored by managers. This included numbers of patients seen and use of appointments and missed appointments. Action plans were devised from audit findings, and these had clear timescales and measures for improvement. Managers shared and made sure staff understood information from the audits.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff working within the service had 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 sites to ensure that services were available where needed.

Four nursing staff in the service were nurse prescribers which improved access to medicines where a prescription was necessary. A further nurse was training to be a nurse prescriber and supported with time for study.

Managers gave all new staff a full induction tailored to their role before they started work. The provider had developed a comprehensive induction package for new starters. This included an induction 'passport to care', and a checklist of tasks and reviews built into the first six months of employment.

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

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. The provider had a policy for supervision, including managerial and clinical supervision.

The service had a 100% compliance in clinical supervision. Staff told us they were also supported informally in addition to their formal supervisions with many staff exceeding the sessions required over the last year. Clinical staff were supported monthly by consultants to discuss complex cases. The consultant 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. This was both individually by email and also as all information was stored electronically so staff could easily access the information they needed when required. 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.

Community health (sexual health services)

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. For example, one nurse was completing the nurse prescribing qualification and two other staff had applied for the management apprenticeship scheme:

Managers identified poor staff performance promptly and supported staff to improve. Managers had access to advice and support from a national human resources team and a specific human resources adviser for their service. However, we found not all staff had an up to date job description to fully understand the extent of their current role and responsibilities.

Multidisciplinary working

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

Staff within the services provided support and assistance to each other. Doctors, nurses and health care assistants worked well together. They worked across health care disciplines and with other agencies when required to care for patients. The Consultant was also part of a wider regional network and on the British Association for Sexual Health and HIV guidelines National Audit Committee.

The service subcontracted a specialist external charity to provide some outreach support to people more at risk or harder to reach. This included men who have sex with men, BAME community groups, sex workers as well as working with public health to offer support to the teams involved with clients needing input for drug and alcohol, and mental health issues.

The service also subcontracted a specialist charity to provide a specialist outreach team to work with young people to prevent sexually transmitted infections and provide contraceptive advice. The outreach team also offered specialist education wellbeing support including one to one support for young people to promote positive sexual health and reduce risky behaviour, sex and relationship education in schools and colleges, support to access contraception and sexually transmitted infection screening and the C-Card scheme, offering access to condoms via community facilities, e.g. colleges and other community outlets. The service was in regular contact with the charity and had quarterly performance management meetings.

The service 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 ensured they were aware of local concerns and fed any intelligence or themes into a multi-agency approach. The service also had close working links with the area's local Sexual Assault Referrals Centre with referrals made either way as appropriate. For example, the centre referred people to the service to receive screening for sexual transmitted diseases and to acquire medications as needed. 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. The service had relevant online information promoting healthy lifestyles and staff could signpost patients by texting the relevant link to patients.

Community health (sexual health services)

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

Consent and Mental Capacity Act

Staff 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 and recorded this in patient records. 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 received and kept up to date with training in the Mental Capacity Act which was at 95% at the time of our inspection.

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

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

Information

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

The service used an electronic records system.

The service was in the process of introducing a new records system which was more dynamic and as such prefilled any duplicate information for staff to ensure it was a more efficient system. The new system was being adapted so it was specific for the needs of the service and the delivery of care under the current contract. The templates were also able to be modified, for example to include more detailed syphilis prompts for staff to complete to provide greater information and intelligence for the ongoing epidemic investigations in the area.

Are Community health (sexual health services) caring?

Our rating of caring stayed the same. We rated it as good.

Community health (sexual health services)

Compassionate care

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

Staff were discreet, kind, responsive and caring when attending to patients. We observed appointments with patient's permission on four occasions and saw staff took time to interact with patients and those close to them in a respectful and considerate way. Staff also took the time to explain clearly and put patients at ease. Patients had time to discuss their worries and concerns and to ask questions or clarify.

Patients consistently said staff treated them well and with kindness. We spoke to seven patients who all praised the service. Feedback included comments such as "amazing staff", "nurse was brilliant", "made me feel comfortable from start to finish", "kind and easy to talk to", "staff were lovely, very professional and reassuring" and that staff "had an excellent caring manner".

Patients said they felt listened to, had sufficient information about their care and treatment, had a good experience of care, and were put at ease. Patients commented on the environment, that the service was clean, tidy and hygienic. Patients felt they were treated with dignity and respect.

We spoke to three support workers some of whom had brought patients to the service on several occasions. They recommended the service and took the needs of their patients fully in to account when communicating and treating them, including the support workers as appropriate and allowing the patient as much time as necessary to ensure understanding for any treatment or diagnosis.

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 including upon arrival at the service in the reception area.

Emotional support

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

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

Staff undertook detailed social, sexual and relationship histories and worked with patients on the impact that their condition or treatment would have. They were skilled and experienced in discussing delicate and difficult issues and in ensuring patients were able to disclose their fears or anxieties.

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. We saw staff talked with patients in a way they could understand, taking time as needed.

Community health (sexual health services)

Staff recognised and respected the totality of patient's needs. They always took patient's personal, cultural, social and religious needs into account, and found innovative ways to meet them. Staff within the service took comprehensive histories from patients to make sure they understood their holistic needs. Staff worked hard to develop and maintain good rapport with patients. They planned care flexibly in ways that worked for patients. This included the offer for take away or postal screening tests enabling patients to identify infections from their own homes reducing the need to visit the service for some people.

Staff supported patients to make informed decisions about their care. Staff explained the benefits and drawbacks of proposed treatments, particularly when discussing methods of contraception.

Patients could give feedback on the service and their treatment and staff supported them to do this. The service collated data via the friends and family test, available electronically for patients to fill in on a device. The feedback provided was consistently positive.

Are Community health (sexual health services) responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. For example, in the Teesside area a syphilis epidemic had been declared and the service were working with Public Health England to understand the outbreak and manage it. Initially the team focussed on auditing positive results for 2021 and following through contact tracing as well as promoting information on the website, staff increasing the number of blood tests taken for patients seen and further letters being sent to partners. The service had utilised a national confidential partner contacting service as an alternate method to increase awareness of connected positive results. There had also been further training to increase staff awareness with some staff progressing with additional training to be in a position to administer treatment.

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

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

Facilities and premises were appropriate for the services being delivered.

Community health (sexual health services)

Managers monitored and took action to minimise missed appointments. Missed appointments were reviewed in governance meetings to identify any trends or themes. Prior to our inspection the service changed back to a 48-hour booking system as the number of missed appointments had increased.

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.

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

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help patients access services. The service was able to make adjustments for patients with reduced mobility, and all rooms along with the waiting area were on one single level at each location. For services located above ground floor level, lifts were available.

Managers made sure staff and patients, loved ones and carers could get help from interpreters or signers when needed. The service used a telephone interpreting service or face to face interpreters to attend when needed. The main interpreters used for the service were Romanian, Urdu, Mandarin and Czechoslovakian.

Hearing loops were available in all four locations.

The service was able to offer appointments for female patients with female medical and nursing staff, which was sometimes requested for cultural reasons. However, the service was unable to offer a doctor for a face to face C for male patients with genito urinary issues as they were working from home since the COVID-19 pandemic began.

Access and flow

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

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The new contract extended opening times for each location from 42 hours to 50 hours a week including late night and weekend availability.

The service had targets for different appointment types, with the only wait times currently due to increased demand for long acting contraceptive insertion appointments. At the time of inspection this was approximately a 12 week wait with 239 patients on the list. Senior managers were progressing some measures to address this and acknowledged this position could decline further initially until staffing increased to three whole time equivalent doctors

Community health (sexual health services)

The service had suspended drop-in clinics during the COVID-19 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.

Managers worked to keep the number of cancelled appointments/treatments to a minimum. The service sent letters and text messages to patients with details of their appointment and there was a 'text to cancel' system to facilitate easy cancellations.

Managers were able to plan staff availability and resource more flexibly as a result of moving to appointments only. In October 2021 the 'did not attend rate' was 16% for appointments. Managers reviewed the system and introduced a 48-hour system for certain treatments, which together with further reminder systems was working better. At the time of our inspection the 'did not attend' rate had improved to 10% in line with the key performance indicator.

The Hartlepool site had recently moved to new premises however, we found the address on internet search highlighted that the premises was permanently closed. The service was aware of this, had requested a change to the status to describe the service as open and this was corrected shortly after the inspection.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service had removed most leaflets from reception areas due to the COVID-19 restriction which included complaints leaflets at each visited location. However, these were available online and those patients we asked who were unsure how to complain said they would ask at reception.

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.

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

Managers investigated complaints and identified themes. There had been one formal complaint made in the last 12 months which was under investigation.

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

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were discussed in the clinical governance and location hub meetings along with actions being taken.

Staff could give examples of how they used patient feedback to improve daily practice. For example, patients reported difficulty locating the new site in Hartlepool so the service improved communication by updating the NHS Choices and their own website with clearer directions as well as changing the status of the site online. Also, there had been increased feedback in relation to poor appointment availability, so the service had changed the appointment system to include a 48-hour access system which was working well.

Community health (sexual health services)

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

Good 

Our rating of well-led stayed the same. We rated it as good.

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

Staff were consistently positive about the service manager and felt supported in their roles. They said the manager had a good overview of the service, recognised the issues and challenges, and took appropriate steps whenever needed to address these. However, all staff mentioned the extra pressures the new staffing structure had put on them both for the administrative and clinical staff, following the new contract award in August 2021. A plan to alleviate the pressure for staff was in the process of being approved at the time of our inspection and if approved, additional staff would be recruited into the service. Despite the pressures, staff described excellent team working and staff pulling together to provide patients with a safe, quality experience.

The service manager and staff were passionate about the service. The service manager worked across all four sites and was available to staff.

Senior managers were less visible onsite and in team meetings. Some staff felt a disconnect with the wider organisation particularly in view of the current pressure on the service with the newly negotiated contract. Some staff also commented that they did not feel engaged in the change process for the change in ownership of the service from Virgin Care Services Limited to HCRG Care Services Limited. Contracts for staff remained the same and staff told us there was no change in their working however there was concern for the lack of engagement with staff of such a key change.

The service and staff remained under significant pressure, with the impact COVID-19 was having on staffing together with managing the local syphilis epidemic and the increasing wait list for patients requiring coils to be fitted.

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 was a demonstrated commitment to system-wide collaboration and leadership.

HCRG Care Services Limited had a national framework of values and behaviours associated with these. These were incorporated into local services through meeting agendas and supervision frameworks.

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

Community health (sexual health services)

Culture

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

Staff felt proud of the service they worked in and they provided good care for patients. Staff spoke passionately about the work that they did and the patients 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. The company provided opportunities for development, and we saw staff had been supported to take part in training and skills development. Staff felt workloads were too great in view of the extra difficulties the COVID-19 pandemic had brought and the new contract with greater opening hours, less staff and increased online testing generating a higher number of results to be processed at the service. Staff told us they were working increased hours as cover to ensure good service delivery. However, despite this, clinic lists and appointments were planned well and with sufficient time to care for patients.

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 turnover was low.

Staff told us that during periods of COVID-19 restrictions they had been supported to work flexibly.

Regular team meetings were held to ensure staff could feedback any issues or concerns. There was also an annual staff survey. Managers took action to make improvements to the service based on these results.

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. However, we did note some gaps in relation to clinical leadership input to corporate governance and strategic planning. For example, the consultant lead described limited involvement in the negotiations and approval of the new contract, and one senior clinician reported not being engaged in the development and introduction of dynamic forms on the records system.

The service has identified pharmacy support at a corporate level but no evidence of direct or regular contact and support to front line clinical staff.

The manager at the service had an oversight of performance through detailed dashboards which included both organisational and commissioner performance targets, however there were known discrepancies in reporting since the new contract was awarded and work was ongoing to improve the accuracy.

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

Community health (sexual health services)

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 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 business continuity plans and had been able to continue to operate throughout the pandemic period with flexibility to meet the needs of patients and staff.

Information Management

The service collected data and analysed it. Staff could find the data they needed, in accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were 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 regular newsletters, webinars, and manager cascades.

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

However, since the start of the new contract in August 2021, there has been issues ensuring the correct data was collected for electronic submission to provide meaningful, robust data and key performance indicators for external sources to measure service delivery and results, such as the commissioners and local government. Work had been ongoing to ensure the source of the data was well defined and further work was being undertaken to ensure the future accuracy and reliability of key information necessary to support the external performance management.

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.

The service engaged with patients through feedback from the NHS national friends and family test. In the six months prior to our inspection, they received 1713 reviews which included narratives for consideration. Managers also used the identified learning outcomes from the complaints process to make improvements to their service.

People had access to the service's virtual hub providing information, advice and the provision to book appointments.

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The provider engaged with staff through staff surveys and their intranet platforms. Their recent staff survey had an 79% 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 completed and pre-exposure prophylaxis had been approved as a treatment which could be offered in service. The provider had trained staff in the use of this medicine and organised competencies and patient group directions to ensure that they could begin to offer this.

There were no recent or current research projects at the service.