

# Apricity Fertility

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Apricity Fertility as part of our inspection programme. The service registered with CQC on 31 October 2019. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This is the first inspection of this service following registration with CQC.

Apricity Fertility is a private health clinic in central London which specialises in offering specialist support, guidance and sharing fertility treatment instructions decided by their partner clinics for people who require fertility investigations, treatment and/or support. A complete list of services can be found on the clinic's website.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Apricity Fertility is registered in respect of the provision of treatment of diseases, disorder or injury. Therefore, we were only able to inspect the clinical consultations, examinations and treatments for those services registered with CQC.

The Chief Operating Officer (COO) and Co-founder is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and monitored.
- There was a system in place to receive safety alerts issued by government departments such as the Medicines and Healthcare products Regulatory Agency.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service held a range of policies and procedures which were in place to govern activity; staff were able to access these policies.

# Overall summary

- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- The service proactively sought feedback from patients, which it acted on.

The areas where the provider **should** make improvements are:

- Ensure clinical staff are trained to the correct level of safeguarding for their role.
- Undertake quality improvement work in the form of full cycle clinical audits to help improve patient outcomes.
- Provide accessible services for patients who are deaf or do not speak English as a first language.
- Restrict access to complaint data within the mobile app to appropriate people to protect patients and staff.

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

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

## Our inspection team

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

## Background to Apricity Fertility

Apricity Fertility's head office is located at 38 Chancery Lane, The Cursitor, London WC2A 1EN. The service website can be accessed through the following link <https://www.apricity.life/>.

The provider offers solely online consultations, gynaecology services, counselling and psychotherapy, fertility services and reproductive health.

The services operating hours are between 7am to 9pm Monday to Friday and 9am to 1pm on weekends and bank holidays. There is on call emergency nurse availability until 9pm on weekdays and from 1pm until 9pm on weekends and bank holidays. Patients also have a mobile app instructing them to call 111 or 999 in the event of an emergency.

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service and asked them to send us some pre-inspection information which we reviewed.

During our inspection we:

- Spoke with staff (COO and co-founder, medical director, nurse, fertility advisor team leader and fertility advisor).
- Reviewed personnel files, practice policies and procedures and other records concerned with running the service.
- Reviewed a sample of records.
- Looked at information the service used to deliver care and treatment plans.

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.

# Are services safe?

## **We rated safe as Good because:**

*The provider had systems and procedures which ensured that users of the service and information relating to service users were kept safe. Information needed to plan and deliver care was available to staff in a timely and accessible way. In addition, there were arrangements in place for the management of infection prevention and control and reliable systems in place for appropriate and safe handling of medicines.*

*We identified some minor safety concerns that were either rectified on the day of inspection or the provider told us they would be rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.*

## **Safety systems and processes**

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

- The provider had safety policies which were regularly reviewed. These policies were accessible to all staff.
- The provider informed us they had not made any safeguarding referrals in the last year.
- The service had clear systems to keep people safe and safeguarded from abuse, however;
- We found that non-clinical staff and a clinical staff member were not trained to the required safeguarding level for their role as recommended in the safeguarding children and young people intercollegiate document, Jan 2019 and as per the providers own safeguarding arrangements policy. At the end of the inspection, the provider submitted evidence that all staff had completed their required safeguarding training for their roles. Staff we spoke to knew how to identify and report concerns.
- We also found that there was no documented lead for safeguarding at the service. The provider told us that the unofficial lead was the co-founder and they would be documenting this in the safeguarding policy after the inspection.
- 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).
- The provider told us that all staff had received a Disclosure and Barring Service (DBS) check. We saw evidence of a DBS certificate for the three staff folders we reviewed during the inspection.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had infection prevention and control policies and protocols in place and all staff had carried out infection prevention and control training. We saw an infection control policy dated June 2022 which included guidance on hand hygiene, personal protective equipment (PPE) and sharps management/sharps injury protocol. The premises were clean and tidy.
- There were systems and a policy for safely managing healthcare waste.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. We saw evidence of a compliance document that listed the building had undergone; portable appliance testing (PAT) dated May 2022, a fire risk assessment dated March 2021 with weekly fire alarm testing and a water hygiene risk assessment dated November 2019.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.

# Are services safe?

- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Staff were knowledgeable about which treatments were covered by their insurance and would refer patients back to their GP if they had any concerns.
- The service did not see any patients at their head office so they did not have a defibrillator or oxygen in case of an emergency.
- The service did not keep any medicines or medical equipment on the premises.

## Information to deliver safe care and treatment

### Staff had the 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.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the service recorded the patient's GP details and requested consent for information sharing purposes when required.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

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

- The service did not hold any medicines at their location and did not prescribe any medicines, including controlled drugs.
- Wider systems and arrangements for managing medicines, emergency medicines and equipment minimised risks. For example; where necessary the service sent blood test kits to the patients at their homes, if treatment such as egg collection was needed, this service was contracted out to one of the seven UK clinics working with the service and the patient would select the clinic that they wished to attend.
- There were effective protocols for verifying the identity of patients. We saw evidence of a medicines management policy dated June 2022.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. We saw evidence of a health and safety policy dated September 2021 which took into account the fact that all consultations were remote/online or telephone based and documented the risk assessments the service felt were necessary to promote a proactive health and safety culture within the organisation.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

# Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service had recorded one adverse incident in the last 12 months. The service defined a serious incident into two definitions:
  1. “An ‘adverse incident’ is any event, circumstance, activity or action which has caused, or has been identified as potentially causing harm, loss or damage to patients, their embryos and/or gametes, or to staff or a clinic” and
  2. “A serious adverse event is defined in the HFE Act 1990 (as amended) as: (a) any untoward occurrence which may be associated with the procurement, testing, processing, storage or distribution of gametes or embryos intended for human application and which, in relation to a donor of gametes or a person who receives treatment services or non-medical fertility services — (i) might lead to the transmission of a communicable disease, to death, or life-threatening, disabling or incapacitating conditions, or (ii) might result in, or prolong, hospitalisation or illness, or (b) any type of gametes or embryo misidentification or mix-up.”
- There were adequate 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service 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 members of the team.

# Are services effective?

## **We rated effective as Good because:**

*The provider had systems and procedures which ensured clinical care provided was in relation to the needs of service users. Staff at the service had the knowledge and experience to be able to carry out their roles. The service had not carried out any clinical audits, however they were able to show evidence of clinical research relating to how the services they provide compare to those of similar services. The service used patient feedback to drive improvements.*

## **Effective needs assessment, care and treatment**

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The provider told us that clinicians were supervised regularly by the medical director and all new guidance and alerts were disseminated to all clinicians by the medical director.
- We saw evidence of minutes from clinical meetings and multidisciplinary team meetings where patients' treatment was discussed and conversations around treating patients in line with guidance were documented.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.

## **Monitoring care and treatment**

**The service was involved in quality improvement activity, however had not carried out any specific clinical audits.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of cutting edge technology, complaints and patient feedback.
- The provider was able to demonstrate how they use a combination of their Apricity mobile app, their patient management system and artificial intelligence to measure performance and enable improvement of success rates through proactive communication, optimisation of care and standardisation of processes which also helped to reduce manual workload and potential medical errors.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction checklist for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. The service used an online platform for staff training and there was management overview of when training was due and the dates training had been completed.
- There was an appraisal system in place for all staff; clinical staff had an annual appraisal carried out either privately or through the NHS, the nurses and advisors appraisals were carried out in house.

# Are services effective?

## 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.
- 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 patients consultation notes where advice was given to patients regarding their treatment and follow up arrangements were put in place where it was felt to be clinically appropriate to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation when required.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

## 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.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.
- Consent forms were used for all treatments and services offered.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

## **We rated caring as Good because:**

*The service treated service users with kindness, respect and dignity. The service involved service users in decisions about their treatment and care. Staff we spoke with demonstrated a patient-centred approach to their work and were able to describe how lessons were learnt and actions were taken when things went wrong.*

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received via an online portal. There was also an option to give feedback using a pop up feature in the Apricity app and once a month patient interviews were conducted by the product team.
- The service held bi-monthly management meetings to look at patient feedback where actions were identified and deadlines for actions to be completed were set.
- Feedback from patients was positive about the way staff treat people.
- 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.**

- Feedback from patients shared with us by the provider indicated that the patients felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- At the time of inspection, patients did not have access to translation services or services for deaf patients. The provider told us they would consider providing these services in the future.

## **Privacy and Dignity**

### **The service respected respect patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could go into a private room to discuss their needs so that the conversation would not be overheard by other staff.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

*The provider was able to provide service users with timely access to the service. The service had a complaints procedure in place, and it used service users' feedback to make adjustments and improve quality of care.*

## **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 provider understood the needs of their patients and improved services in response to those needs, for example: in response to feedback of a lack of information on patients' donors' journey, the service introduced improved ways of visibility for egg donation recipients of their donor's progress.
- The premises was appropriate for the services delivered.

## **Timely access to the service**

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and transfers to other services were undertaken in a timely way.

## **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. There had been nine complaints in the past 12 months. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Complaints were discussed in bi-monthly management meetings.
- Some staff told us that the option to complain within the mobile app meant that complaints can be seen by all staff which they found uncomfortable, as it could upset individual members of staff.

# Are services well-led?

## **We rated well-led as Good because:**

*Service leaders were able to articulate the vision and strategy for the service. Staff worked together to ensure that service users would receive the best care and treatment that would allow patients to lead active lives. There were good systems in place to govern the service and support the provision of good quality care and treatment. The service used patient feedback to tailor services to meet patient need. Staff reported that the service supported and ensured the wellbeing of its staff.*

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There was a management structure in place across the service and the provider. There were clear lines of communication between staff. Staff told us that roles and responsibilities were clear within departments, however there was sometimes confusion from others teams about the role and responsibilities of advisors.

## **Vision and strategy**

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

- There was a clear vision and set of values. The service told us that their vision was “To enhance our patients’ fertility journey by delivering truly personalised, easily accessible patient care combined with evidence based medical treatment, to empower them in the comfort of their homes. Being powered by the latest AI fertility research, technology and connectivity enables us to scale, grow and to help create more lives.”
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

## **Culture**

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

- Staff felt respected, supported and valued. Staff we spoke with were proud to work for the service and felt that staffing levels were sufficient at present.
- The service focused on the needs of patients who wished to access their services.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints and these were discussed at team meetings, with the meeting minutes circulated. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need.
- Staff felt they were treated equally and there were positive relationships between staff.

## **Governance arrangements**

# Are services well-led?

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies and procedures to ensure safety and assured themselves that they were operating as intended.

## **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 had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- There were regular staff meetings. Staff reported they were able to raise concerns. Clinical meetings and team meetings were held regularly and meeting minutes documented.
- The service used performance information to monitor and manage staff.
- The service had information technology systems. All clinical records were completed on the computer.

## **Engagement with patients, the public, staff and external partners**

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

- Patients', staff and external partners' views and concerns were heard and acted on.
- The provider had plans to develop the service, based on patient need. For example, the provider told us that they were especially proud of the technological advancements they had made with regards to fertility treatment using artificial intelligence and scientific influence to provide the best experience for their patients. The provider told us that their hard work had resulted in winning awards for innovation and science and publications in fertility journals.
- Staff could describe to us the systems in place to give feedback.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement, for example, there was management oversight of mandatory training.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

## Are services well-led?

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