METRO - Greenwich

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

The Pitstop clinic is a free HIV and sexual health screening clinic for men who have sex with men (MSM). The clinic offers HIV, hepatitis B, syphilis, gonorrhoea and chlamydia testing, as well as hepatitis B vaccination.

We found the following areas of good practice:

- The service had developed its own social media platform, through which service users could record their sexual activity, for example the type of sex they had had, with whom and whether they had been using alcohol or drugs at the time. This generated an individualised risk assessment for HIV and other STIs.
- Staff carried out outreach work and advertised the clinic through digital social applications in order to direct the advice and awareness of the clinic to potential service users.
- Following a number of attacks on men who used digital social apps, staff provided safety information for service users on how to protect themselves and use apps safely. Additional safety information was available on their website.
- The provider offered a third party hate crime reporting service.
- The provider facilitated support groups both for people over the age of 50, and for young people. The groups provided emotional support and a safe space for individuals to discuss their concerns and needs with their peers.

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METRO Greenwich

Services we looked at
Community health (sexual health services);

Summary of this inspection

Background to METRO - Greenwich

METRO is an equality and diversity charity. It provides health, community and youth services across London and the South East and participates in national and international projects. The charity aims to promote health, wellbeing and equality through youth services, mental health and wellbeing services, sexual and reproductive health and HIV services. METRO works with anyone experiencing issues related to gender, sexuality, diversity or identity.

METRO Greenwich has been registered with the CQC for the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury since 27 July 2014. The service has a CQC registered manager.

Within the Royal London Borough of Greenwich, METRO is commissioned, by the borough, to provide the Pitstop Clinic.

The Pitstop clinic is a free HIV and sexual health screening clinic for men who have sex with men (MSM). The clinic offers HIV, hepatitis B, syphilis, gonorrhoea and chlamydia testing, as well as hepatitis B vaccination. On occasion, where a need was identified, the clinic was also commissioned to provide hepatitis A vaccination. The clinic served adult men, however as the clinic was open access, it was possible that service users under the age of 18 and under the age of sexual consent could present at the clinic. In the period from 1 January 2016 to 1 January 2017 there was one patient aged 16. In addition, whilst the clinic was aimed at men, occasionally the charity is commissioned to provide additional services for women on an ad hoc basis in collaboration with Greenwich Sexual Health Central for Lesbian and Bi women Sexual health Week, for example, cervical smear tests.

The Pitstop clinic operates a drop-in service on Wednesdays between 18:30 and 20:30 at its main Greenwich clinic on Greenwich High Road and on Saturdays from 11:00 to 13:00 from within the Market Street Health Centre in Woolwich. There were approximately 500 visits to the clinic in the reporting period of January 2016 to January 2017.

The clinic is staffed by a pool of three bank specialist sexual health and HIV nurses in addition to six managers, support staff and a number of volunteers. The clinic also has an online portal where service users can access their test results, assess their risk of contracting HIV or other sexually transmitted infections (STIs) and obtain information and support.

The service has not previously been inspected by the CQC.

Our inspection team

Team leader: Margaret McGlynn, Inspection Manager

The team that inspected the service comprised one CQC inspectors and one sexual health specialist.

Why we carried out this inspection

We inspected this core service as part of our comprehensive second wave pilot community health services inspection programme.

Summary of this inspection

How we carried out this inspection

During our inspection, we visited the main clinic centre, including the clinic room, the administrative office and the off-site contact centre. We visited the clinic both prior to and during clinic hours.

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?

To get answers to these questions we seek information in a number of ways. Before visiting, we reviewed a range of information we held about the core service and asked other organisations to share what they knew. We carried out an announced visit on 22 March 2017.

During the visit we spoke with a range of staff and volunteers who worked within the service, including a consultant, nurses, administrative staff and call handlers, the chief executive officer and senior leadership team. We also talked with three service users. We reviewed policies and care and treatment records of people who used the services.

What people who use the service say

- "I love that I can check my clinic results online"
- "It's great that there is a service like this and it's really relaxed. It takes some of the stress out of coming to a clinic"
- "I found the staff and atmosphere very pleasant. The advice was excellent and the site was clean and comfortable."

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- The provider carried out individualised service user risk assessments through its own social media platform.
- There have been no never events at the pitstop clinic since its registration with the CQC.
- Staff had a clear understanding of safeguarding and their responsibilities to ensure the safety of service users.
- Service user's confidentiality was respected and protected. Records were kept securely at all times.

Are services effective?

- Care was provided in line with national guidelines.
- There was a charity-wide management quality team.
- The clinic carried out weekly results audits to identify any changes or trends in sexually transmitted infections or self-reported behaviour. This meant staff were able to provide flexible services and health promotion that could be adapted to meet the changing needs of patients.
- Service users were provided with a card on their first visit which carried a unique reference number corresponding to that on their notes; this allowed staff to access their records more quickly.
- The clinic had developed multidisciplinary care pathways to other services, for example to local drug and alcohol intervention services.

Are services caring?

- Staff demonstrated genuine care and empathy for service users when talking about their work.
- We observed staff and volunteers speaking to service users with respect and empathy. They took the time to speak with service users, and listen to their concerns.
- Service users who completed feedback forms stated that: "It's great that there is a service like this and it's really relaxed. It takes some of the stress out of coming to a clinic" and "I found the staff and atmosphere very pleasant. The advice was excellent and the site was clean and comfortable".
- Staff told us that they knew their regular service users, and would contact them to check on their wellbeing if they indicated through the clinic's social media platform that they had engaged in increased drug or alcohol use

Summary of this inspection

- The service facilitated support groups for certain patient groups, for example older and younger service users.

Are services responsive?

- The service aimed to be a non-judgemental and sex positive service.
- The service made efforts, through branding, outreach and social media platforms to ensure that it provided care to harder to reach service users. For example, the website and social media platform used slang terms used by the groups it sought to reach.
- The clinic was proactive in providing services to meet the needs of service users.
- The Clinical Projects Manager had obtained funding from the CCG in order to organise a one-stop shop for lesbian, gay and bisexual (LGB) women's cervical smear testing and STI testing.
- METRO's website provided extensive information, advice and links relating to sexual health, mental and physical health, drug and alcohol services and equality and diversity.

Are services well-led?

- The organisation's board maintained a proactive interest in the services provided, particularly in relation to the value and benefit offered to patients through the development of online digital services.
- Staff and volunteers were proud to work for the service and reflected its core values. They confirmed that staff had been consulted in the creation of the core values.
- There was a central risk register for the charity. The primary risks identified on the register in respect of the clinic related to on-going commissioning and the continuity of service provision.

Detailed findings from this inspection

Community health (sexual health services)

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are community health (sexual health services) safe?

Incident reporting, learning and improvement

- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. There have been no never events at the pitstop clinic since its registration with the CQC.
- There were no incidents that met the local clinical commissioning group's (CCG) standard of a serious incident during the reporting period, from January 2016 to January 2017. Serious Incidents are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.
- We had sight of the service's incident log. There were three incidents which related to the pitstop clinic in the reporting period. They included an email having being sent to the wrong recipient, a broken lock on a filling cabinet and a nurse being unable to locate a service user's records. All of the incidents had been resolved.
- Staff and volunteers told us that they were encouraged to report any incidents or concerns and that they felt equipped and confident to do so.
- There was a policy which guided staff on reporting incidents and concerns. Staff told us that they had received feedback in relation to concerns they had raised.

Duty of Candour

- The duty of candour (DOC) legislation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care. This includes when the patient suffers harm, or could suffer harm, which falls into defined thresholds. Staff had received training in the DOC. There was a DOC policy and procedure, which was accessible on the intranet.
- There had been no incidents that met the threshold for the DOC within the reporting period, from January 2016 to January 2017.
- Staff we spoke with demonstrated a clear understanding of DOC legislation.

Cleanliness, infection control and hygiene

- The sharp disposal bin in the treatment room was appropriately labelled and signed and not overfull.
- The provider had a policy on infection prevention and control (IPC).
- Clinical staff we spoke with were knowledgeable about IPC procedures, including what to do in the event of a spillage and how to dispose of clinical waste.
- The clinic room had a cleaning schedule. We saw these had been signed by staff once the cleaning and checks had been carried out. Alcohol wipes were used between each client to clean equipment, for example, blood pressure monitors.
- There were adequate handwashing facilities and hand sanitiser available in the clinic room.

Environment and equipment

- All electronic equipment had up-to-date safety checks.
- Service users providing urine samples were given a pre-labelled pot which, once full, they placed in a sealed bag which was also labelled. This was then placed in a tray as the service users left the clinic.
- The clinic room and waiting area were clean and clutter free.

- The clinic room had appropriate equipment available for carrying out tests and for supporting service users who became unwell during consultations. There was a basic life support portable bag, which contained oxygen and masks. This was stored in the consulting room. The equipment was checked weekly and logged by staff.

Safeguarding

- There was a provider-wide safeguarding policy. The safeguarding policy was available to staff and volunteers via the intranet. The safeguarding policy included a flow-chart which staff could follow when they suspected abuse.
- There was a nominated safeguarding lead for the charity as a whole and a deputy safeguarding lead to whom staff and volunteers could escalate concerns and seek advice. The consultant employed by the service had received safeguarding training to Level 3 for both Adults and Children.
- All of the nursing staff within the pool from which staff were drawn had completed Level 1 & Level 2 Safeguarding children and Vulnerable Adults Training. We saw evidence of this in the form of certificates. Nursing staff completed their safeguarding training with their substantive employers.
- Of the non-clinical staff, two had completed Safeguarding Children Level 2, two had completed Safeguarding Adults Level 1 and one staff member had completed Safeguarding Adults Level 2.
- None of the volunteers had received safeguarding training. However, the two volunteers we spoke with told us that they would escalate any concerns to a member of staff, Further, following the inspection, the clinic's management told us that as of the end of March 2017, all staff and volunteers were to undergo the following safeguarding training, provided by the Royal London Borough of Greenwich: the care act modules: Safeguarding Children Level 1, the care act modules: Safeguarding Children Level 2, Safeguarding Adults Level 1, Safeguarding Adults Level 2.
- Child sexual exploitation (CSE) involves under-18s being placed in exploitative situations, contexts and relationships. This can involve the young person (or another person) receiving something such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money in exchange for the young person performing sexual activities or having sexual activities performed on them. Whilst the service was for adults, staff we spoke with were knowledgeable regarding their responsibilities in protecting young people against CSE. There was an appendix to the safeguarding policy setting out the Royal London Borough of Greenwich's CSE policy, with contact details for referrals.
- Although the clinic only saw men, it was occasionally commissioned to provide one-off service for women. As such, the safeguarding policy also included links to the Royal London Borough of Greenwich's Female Genital Mutilation (FGM) safeguarding policy, which the provider had adopted.
- Staff told us that if a service user indicated that they had not consented to sex, or appeared to lack understanding of consent, relevant safeguarding procedures would be followed and referrals would be made to the police and relevant local safeguarding authorities.
- Staff had access to guidance from external organisations that specialised in handling disclosures. There was a protocol for appropriate referral of people seen within clinics who disclosed historical abuse. They told us that they had good working relationships with local safeguarding teams.
- The provider offered a third party hate crime reporting service, whereby the provider could, with a service user's permission, report a hate crime to the police on the service user's behalf. Staff told us that this ensured that as many hate crimes and incidents as possible were appropriately reported, without the individual having to deal with the potential further trauma of reporting the crime. Staff were able to describe individual incidents they had reported to the police, and the process for doing so.
- Staff we spoke with described a positive, evolving relationship with the Metropolitan Police. This included working in partnership with the police regarding issues within the Greenwich gay community.
- Gillick competency refers to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. Since then, the competency has been more widely used to help assess whether a child has the maturity to make their own decisions relating to healthcare and to understand the implications of those decisions. The clinic was aimed at adult men, however, the management team accepted that it was possible that service users under the age of 18 may present at the clinic. In the last year, the

youngest service user had been 16 years of age. Staff told us that in circumstances where a service user under the age of 16 presented at the service, a Gillick competence assessment would be carried out. Whilst METRO did not have specific policies relating to Gillick principles, staff had access to operational guidelines for the Gillick competency provided by the local authority.

Medicines

- The provider did not prescribe, administer or store any controlled drugs. The sole medicines stored at, and used by, the clinic were: the hepatitis B vaccination, chlamydia treatment medication and an adrenaline pen for patients suffering from anaphylaxis.
- Medicine management and storage was audited every three months by the clinical projects manager whilst policies and guidance were signed off by the service's medical consultant.
- Policies and procedures provided guidance on medicines management, which were available on the organisation's intranet. Staff were aware of additional information available to them on the intranet of the Faculty of Sexual and Reproductive Health (FSRH) regarding the use and efficacy of medications. Staff were advised of updates to the FSRH guidelines by the head of nursing.
- A medication stock check took place once a month and records were maintained when this was carried out. The medicines which we looked at were all in date, with intact packaging.

Quality of records

- All service users were provided with a registration form to complete whilst they waited to see the clinician. Once the form was completed and returned to the staff or volunteers on duty, it was used to generate labels for use on samples. Each patient was also provided with a card that included their unique patient reference number. This allowed for easier access to records in the case of return visits, or when accessing results online
- Records were kept securely at all times to ensure the confidentiality of people who accessed the service. Paper records were secured in a locked cupboard within the administration office.
- The clinic had a nominated Caldicott guardian. A Caldicott guardian is responsible for overseeing all procedures affecting access to person-identifiable health data. This created a greater security of records and meant that staff could consult the Caldicott guardian regarding information governance.
- We reviewed six sets of paper patient records. Records were detailed, clear and had been signed by the record keeper.
- Electronic records, for example test results, and information patients had updated on their online profiles, were password protected. We observed staff and volunteers locking their computers before leaving them meaning that records were not left visible.

Mandatory training

- We saw records indicating that all of the nursing staff were up to date with their mandatory training. Mandatory training included: Basic Life Support, Acute Settings, Information Governance, Emergency Planning, Fire Safety, and Safeguarding.
- Staff told us that they were given time to undertake mandatory and additional training within working hours.

Assessing and responding to patient risk

- Senior staff told us that assessing and managing patient risk was central to the work of the clinic. The service had developed its own secure social media platform, through which service users could record their sexual activity, for example the type of sex they had had, with whom and whether they had been using alcohol or drugs at the time. Algorithms within the system could then calculate the level of risk that an individual service user had placed themselves at of contracting HIV or various STIs. In addition to the algorithms calculating risk, staff examined the data which individuals put into the system. They told us that where they had concerns about changes in an individual's behaviour, for example an increased reporting of engaging in sexual activity under the influence of drugs, or an increased frequency of unprotected sex, they would contact the service user to check on their wellbeing.
- Through the social media platform, service users could also record the nationality of their sexual partners. This allowed staff to assess the risk of contracting infections prevalent in certain parts of the world.

Community health (sexual health services)

- Staff had access to emergency equipment within the clinic, which contained oxygen and a face mask should a patient become acutely unwell.
- There was an alarm system in the treatment room which alerted office staff in case of an emergency. Volunteers we spoke with told us this was most commonly used when a service user fainted.
- First aid equipment was available to staff and was checked regularly to ensure it was ready for use.
- Prior to hepatitis vaccination, medical histories were taken to ensure that service users would not have a negative reaction to the vaccination, either as a result of allergy or the interaction between the vaccination and medication that the service users was already taking.
- In the event of a medical emergency, staff would dial 999 for an ambulance to take the patient to an acute hospital for an assessment.

Staffing levels and caseload

- The clinic employed a medical consultant. The consultant did not have direct clinical involvement with patients but provided clinical advice and support. Outside of clinic hours, the consultant worked in sexual health services within the local NHS trust. The consultant's NHS clinical director was aware of their work with the clinic.
- There were 6 members of substantive staff employed at the clinic. The rest of the team were made up of bank staff, drawn from a regular pool of nurses. There was one nurse scheduled to work per clinic, in addition to two volunteers.
- Senior staff told us that because nursing staff were drawn from a pool, and because of the hours at which the clinics were operated, staff sickness did not impact on the ability to run the clinic. There were sufficient substantive non-clinical staff for the clinic to run even in the event of staff sickness.
- All of the nursing staff had access to paper records, electronic records and the intranet. Where handover information was required between clinic sessions, this could be communicated via email.

Managing anticipated risks

- Staff and volunteers confirmed they were aware of the procedures to follow should the fire alarm sound. We were told that when the alarm sounded the clinic was always evacuated until the all clear was given.

Are community health (sexual health services) effective?

(for example, treatment is effective)

Evidence based care and treatment

- Staff provided care in line with policies which were based on established national guidelines and service benchmarks, including those issued by the British HIV Association, the British Association for Sexual Health and HIV, and the National Institute of Health and Care Excellence.
- There was a METRO-wide management quality team who were responsible for carrying out audits and reviews to ensure staff and volunteers implemented policies and guidance appropriately. All evaluations were based on the following four questions: is the process identified and appropriately defined? Are responsibilities assigned? Are there procedures implemented and maintained? Is the process effective in achieving the required results? The results were scored 'green', 'amber' or 'red'. Where a process was scored as red, further action was taken at a local level, either to improve the system or procedure or to improve compliance with it. We saw the most recent management quality review team findings in respect of HIV testing for all service users. This was scored as green, requiring no further action.
- All policies were available to staff and volunteers on the intranet. When we asked to see policies during the inspection, staff and volunteers were able to access them quickly and with ease.
- Reviews of and amendments to the service guidelines, policies and procedures were shared with all staff. During our inspection, we saw evidence of this in the form of minutes of meetings, clinical newsletters and emails to staff.

Patient outcomes

- METRO's sexual health office team carried out a weekly audit of HIV and STI test results from the clinic. This was provided to the service's commissioners, and was used to measure the effectiveness of the service as well as identifying trends in sexual health in the area, allowing the service to responsive to those trends.

- Similarly, the clinic also carried out weekly audits for the number of HIV positive patients referred on to Greenwich Sexual Health or the Trafalgar Clinic at the Queen Elizabeth Hospital for their treatment.
- In the reporting period, from January 2016 to January 2017, approximately 500 service users attended the clinics and there were 9 diagnoses of chlamydia; 13 of gonorrhoea; 4 of syphilis and 1 of HIV.
- Staff audited clinical results on a weekly basis to identify any changes or trends in sexually transmitted infections or self-reported behaviour. This meant staff were able to provide flexible services and health promotion that could be adapted to meet the changing needs of patients. For example, at the time of our inspection, METRO was working with local NHS providers and the borough of Greenwich to provide Hepatitis A screening and vaccination in response to a recent outbreak.
- The consultant audited the use and management of medications every three months. Recent audits demonstrated appropriate management and use of medications.
- The clinical projects manager also audited service user records quarterly, to ensure that all service users had been offered an HIV test. We saw the results of the most recent audit, which indicated that 100% of service users had been offered a test. The results of this audit were fed back to the service's commissioners.

Competent staff

- There was a clinical projects manager who was responsible for the oversight of nurses and ensured they remained up to date with training, validation and national best practice.
- The clinical projects manager was supported in this role by the specialist sexual health and HIV consultant who was contracted to provide clinical oversight for the clinic.
- All of the nurses employed by the clinic were specialist HIV nurses working within nearby NHS sexual health services.
- The consultant was available on-call at all times that clinical services were offered. The consultant did not provide direct care or diagnoses for patients, but supported the nursing staff in doing so, providing advice, information and oversight.
- The clinical services manager and the consultant were responsible for identifying training meetings for the nursing staff, based on up-to-date guidance.
- Nursing staff received clinical supervision within their permanent employment, as opposed to at the clinic and provided evidence of this to the clinical services manager. However, they did have yearly appraisals with the clinical services manager.
- All staff underwent an annual appraisal of their performance. Records showed that all staff had had their appraisal in the last 12 months.
- Volunteers were members of the community with a commitment to supporting the work of the clinic. All of the volunteers were subject to Disclosure and Baring Service (DBS) checks. Further, they were required to sign and adhere to a volunteer's code of conduct policy.

Multidisciplinary working and co-ordinated care pathways

- Clinical staff told us they often referred service users to the in-house counselling service for their emotional wellbeing, particularly service users receiving a positive HIV diagnosis.
- During our inspection we observed good multidisciplinary working in a discussion between the clinical services manager and the administrator.
- The clinical services manager told us that because the nurses working for the clinic were employed in sexual health services elsewhere in the borough, this lead to continuity of care when service users received onward referrals. For example, when patients attended the clinic within the Market Street Woolwich sexual health clinic, they could be referred to the clinic more widely and receive an appointment immediately, whilst there information could be conveyed to the other service directly by one of METRO's nursing team.
- The clinic was committed to partnership working with other organisations, which had allowed for the development of multidisciplinary care pathways to other services, for example to local drug and alcohol intervention services.

Referral, transfer, discharge and transition

- Templates were available for clinicians to complete when referring a client to their GP or other services.
- Informal links had been made by METRO Greenwich with a local organisation who worked with service users who were rough sleeping. This provided additional support to these service users to access the service.

Access to information

Community health (sexual health services)

- Paper records and medical notes were stored securely in the administrative office which was closed to the public. This meant staff had access to the records for each returning service user when they attended the clinic. Service users were provided with a card on their first visit which carried a unique reference number corresponding to that on their notes; this allowed staff to access their records more quickly. However, staff told us that there were never any issues in accessing records regardless of whether a service user brought their card or not.
- Staff had easy access to information such as policies, procedures and guidance through the intranet. We observed the speed and ease with which staff could access this information.

Consent

- Staff obtained verbal consent prior to carrying out testing, or onward referral to external agency. We also saw evidence of written consent for hepatitis A vaccinations.
- Staff were provided with a policy and procedure regarding consent, including the Fraser Guidelines and Gillick competence. Fraser guidelines refer to a legal case which found that doctors and nurses are able to give contraceptive advice or treatment to under 16 year olds without parental consent. The Gillick competence is used in medical law to establish whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.
- Staff were aware of and had made referrals to external advocacy services. They used these for service users who attended clinic with limited capacity to make decisions and did not have friends or relatives to support them.
- There were two referral options for specialist advocacy or support for patients with additional needs; through a partnership Greenwich Advocacy Partnership (GAP), of which METRO was the lead partner. Alternatively, staff could refer patients to METRO's mental health services and Thursday drop-in group for support and also provided support on an on-going basis.

Are community health (sexual health services) caring?

Compassionate care

- We observed staff and volunteers speaking to service users with respect and empathy. They took the time to speak with service users, and listen to their concerns. We observed one service user who arrived at the clinic and was symptomatic. As the service is commissioned solely for asymptomatic men, he was not able to be tested or treated. However, a volunteer invited the man into the clinic, offered him a hot drink and spoke with him with care and compassion before signposting him to other more suitable services.
- All of the staff and volunteers we spoke with demonstrated a sincere caring attitude to people using the services.
- Service users who completed feedback forms, stated that: "It's great that there is a services like this and it's really relaxed. It takes some of the stress out of coming to a clinic" and "I found the staff and atmosphere very pleasant. The advice was excellent and the site was clean and comfortable".
- There was a radio in the waiting area, playing house music. Staff told us that the music had been selected to reflect the preferences of service users. The sound of the radio meant conversations taking place between staff and service users could not be easily overheard.

Understanding and involvement of patients and those close to them

- Service users told us that staff communicated with them in a way that enabled them to understand their care, treatment and condition.
- Staff and volunteers told us that through extensive experience of working in the clinic and personal experience, they were able to recognise patients who required additional emotional support when accessing the service.
- There were posters in the clinic in other languages. There were a number of posters advertising groups offering support to lesbian, gay, bisexual and transgender (LGBT) people from different backgrounds.
- Staff had access to a telephone translation service.

Emotional support

Community health (sexual health services)

- The wider METRO charity offered counselling services. Clinic staff and volunteers could refer service users to the counselling services. In addition, staff told us that they would refer service users to drug or alcohol counselling services where appropriate.
- Through the data captured through the social network platform, staff could, where a service user had agreed to being contacted, perform interventions by contacting or telephoning an individual. For example, staff could contact a service user if they had reported an increase in drug usage.
- The service facilitated support groups both for people over the age of 50, and for young people. The groups provided emotional support and a safe space for individuals to discuss their concerns and needs with their peers.

Are community health (sexual health services) responsive to people's needs? (for example, to feedback?)

Planning and delivering services which meet people's needs

- As an organisation, METRO aimed to provide a non-judgemental and sex positive service. Staff, volunteers, and service users told us that this was essential to delivering services to meet peoples' needs, as it meant that service users felt respected when accessing the service, and were therefore more likely to do so.
- The clinic was proactive in providing services to meet the needs of service users. For example, the clinic offered advice, information and support to men engaging or planning to engage in chemsex. Chemsex refers to specific sexual behaviour that occurs between men who are under the influence of a drug that increases sexual performance and decreases inhibitions. This means sexual activity is significantly riskier. Senior staff told us that this was important, as service users engaging in or likely to engage in, such activity may not be able to find support and advice at other clinics. This is because chemsex is a fairly recent phenomenon and one which may not be fully understood in a more generalist setting. The clinical projects manager was also engaged with a prison sexual health programme that supported men who had been prosecuted for drug dealing, specifically in relation to chemsex. The manager then circulated the learning from this programme to other staff within the clinic, meaning staff were well informed and could speak with credibility and authority on the subject.
- Staff used the information gathered through the clinic's social media platform to plan services to meet the needs of service users. For example, if there was an increase in the number of people who noted they had met others for sex from a specific social application ('app') on their mobile phones, staff would target this app with screening outreach.
- Following a number of attacks on men who used digital social apps, staff provided safety information for service users on how to protect themselves and use apps safely. Additional safety information was available on their website.
- The service operated from the main clinic, close to Greenwich station on Wednesday evenings and also from a clinic room at sexual health clinic in Woolwich. Staff and external stakeholders told us that the Greenwich location was busier than the Woolwich location. They said that this may be due to the relative ages of the two services, although some expressed concern that there was more demand for the service in Maritime Greenwich than elsewhere within the borough. Senior staff told us that the decision to operate from Woolwich was made by the commissioners, in an attempt to centralise the service within the borough of Greenwich, thereby reducing the number of service users from out of borough.
- The clinic operated a drop-in system for appointments between advertised hours. This allowed service users to walk in to the clinic at a time most convenient to them. There were no fixed appointments. Service users that we spoke with told us that they found this convenient.
- Services were provided for people who were asymptomatic. If a person attended and had symptoms, staff referred them to one of two other local sexual health services.
- One of the staff members we spoke with told us that an older service user had said that he felt uncomfortable accessing his local sexual health clinic as most of the service users there were younger than him. The staff member had been able to signpost him to a sexual health clinic catering specifically to older service users.
- There were free condoms available to service users to take away in the waiting area.

- In addition, there was a side room attached to the waiting area, in which staff or volunteers could engage in confidential informal discussions with service users.

Equality and diversity

- Senior staff told us that equality was at the centre of the charity's vision, having been founded as a campaign for gay rights. Staff and volunteers we spoke with had a clear understanding of equality and diversity.
- Staff told us that they knew how to access the telephone interpretation service and had experience in doing so.
- The main clinic was accessible by wheelchair. However, this was only possible through the entrance to the arts centre, within which the clinic was located. This was on the opposite side of the building to the main clinic entrance and was not signposted.
- The METRO website provided advice on homophobic, biphobic and transphobic bullying and the support services service users could contact if experiencing any of these. There was also information on support for transitioning service users. There was information on a person's sexuality and helplines service users could contact if they needed advice.

Meeting the needs of people in vulnerable circumstances

- All of the nursing staff were extensively experienced HIV nurses, who worked on other days of the week within other community HIV clinical settings.
- The service had links to local and national charities and services to support patients with drug or alcohol dependency, mental health, homelessness or other issues.
- The clinical projects manager had obtained funding from the local authority in order to organise a one-off clinic for lesbian, gay and bisexual (LGB) women's cervical smear testing and STI testing. This was part of the provider's recognition of international women's day. Due to earlier national health policy, many LGB women were previously advised that if they were not having sex with men, they did not require cervical smear tests. As such, many older LGB women may not have had a cervical smear test before in their life, placing them at risk of late diagnoses of conditions including cancer.

Access to the right care at the right time

- The clinics operated two days a week and were held outside of standard working hours to allow service users to attend.
- The clinics were drop-ins, which did not require the service user to book an appointment. Staff told us that the clinic was rarely too busy provide an appointment to all attendees. However, they said that in the rare circumstances that this was the case, they would refer the service user to another clinic in the area, which was open on additional days or to the Pitstop online STI screening service.

Learning from complaints and concerns

- There was an organisation-wide complaints policy. This had been reviewed in line with specified review dates. The policy stated that all complaints should be responded to within seven days in the first instance and dealt with by a local manager. Serious complaints could be escalated to the CEO for an initial response within 10 days. Where the complainant was not satisfied with the response to that complaint, it would be escalated to the board of trustees.
- The policy made it clear that the service viewed complaints as an opportunity for learning and improvement within the service. Learning was shared at meetings and through emails between senior leadership and staff.
- There had been no complaints in the reporting period, from January 2016 to January 2017.
- There were leaflets available in the waiting room and corridors regarding how to make a complaint. There was also a comments box for patients.

Technology and telemedicine

- METRO's website provided extensive information, advice and links relating to sexual health, mental and physical health, drug and alcohol services and equality and diversity.
- Following registration at the clinic, all service users were offered the opportunity to sign up to Pitstop online through the clinic's own hand-held computer. This allowed them to obtain their results securely online, to access further information about sexual health, and to order free condoms and sampling kits without returning to the clinic. Where a service user's test results were negative, this the electronic portal would indicate "all the results of your recent test were negative." If there were any issues with the tests, or one was reactive/

positive, the portal would invite the service user to contact the clinic. Staff told us that this allowed them to inform service users of a positive result in a caring and supportive way. Staff informed us that they had received training in delivering this information to service users.
- During clinic hours, the web and data officer used a location-based dating app to advertise and to reach out to men in the geographic area informing them that the clinic was open.
- All service users were invited to join the clinic's social media platform. The site had been designed to reflect the preferences of its target audience, for example the questions on the site were worded informally and in language used by the target audience.
- A senior staff member within the wider London borough of Greenwich sexual health services said that they thought that the platform was valuable in engaging with service users who may be reluctant to engage with less tailored services.
- The platform also allowed users to document their alcohol and drug use at the time of a sexual encounter. This not only contributed to the HIV risk calculations (as alcohol and drug use may lead to impaired decision making) but also allowed the provider to carry out welfare checks on service users who reported excessive alcohol or drug use. This included those whose use of alcohol or drugs increased significantly or spiked at certain times.

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

Leadership of this service

- The CEO told us the organisation's board maintained a proactive interest in the services provided, particularly in relation to the value and benefit offered to patients through the development of online digital services. The board and senior team demonstrated an approach to service development that accepted risk and engaged with innovative approaches to meeting people's needs, for example through the development of the service's social media platform.
- The senior team clearly demonstrated how the organisation's ideological and values were embedded in leadership and the running of the organisation. For example, in 2017, the organisation was planning to mark the 50th anniversary of the decriminalisation of homosexuality through a series of events beginning in July.
- Leaders of the organisation had the skills, knowledge, experience and integrity they needed on appointment. Fit and proper person checks were carried out for trustees and directors prior to appointment, including Disclosure and Barring Service (DBS) checks, bankruptcy and conflict of interest checks.
- The senior team and clinical team from the local NHS acute trust met together as required, such as to discuss changes to the service or to review incidents or complaints.
- Staff and volunteers we spoke with said the organisation felt coherent and well-organised, despite the number of different services and clinics. Staff were also able to demonstrate how clinical governance systems contributed to the safe running of the service, such as by ensuring each clinic was supervised by staff of an appropriate level of experience.

Service vision and strategy

- The service had three core values, as follows: "Integrity, insight, and innovation". Senior staff told us that all actions and services within the clinic were required to reflect these values. For example, new innovations could only be introduced if they met these values.
- Staff and volunteers we spoke with were able to name the values and told us that they were 'lived' values that they shared. They confirmed that staff had been consulted in the creation of the core values.
- The CEO told us that the service's long term aim was to continue to evolve and respond to the needs of service users and the continuing challenges of the HIV epidemic.

Governance, risk management and quality measurement

- There was a central risk register for the charity. We had sight of the Risks, Issues and Logs flowchart, which detailed how items were added to the risk register. We also had sight of the risk register. Due to the centralised nature of the register, it identified concerns relating to all of METRO's activities across the country. The primary risks identified on the register in respect of the clinic related to ongoing commissioning and the continuity of

service provision. Staff we spoke with were aware of the risk register and how to escalate risks for consideration for inclusion on the register. In addition, there was a flow chart available to staff on the intranet detailing the process.

- METRO's governance is provided through the Board of Trustees. The Board comprises eight individuals, and office bearers include chair, vice chair, treasurer and company secretary. The board met every two months with a summer break. An annual general meeting (AGM) of all members was held every year in April, and all trustees were subject to election or re-election by members of the charity at the AGM. At each board meeting the CEO provided a report which details issues related to risks and opportunities, including issues related to quality, safety, safeguarding, patient experiences and complaints and the Mental Health Act 1983. The CEO also presents at each Board meeting the charity's central risk register.
- There were a number of policies and procedures for staff to refer to regarding managing risks and health and safety. These included: templates for weekly and monthly health and safety checks, reporting accidents and incidents, undertaking and recording risk assessments, managing violence at work, and lone working. All of the policies were available on one page on the intranet. The policy page could be searched for specific issues. We reviewed a number of policies and all of them had been reviewed within their review dates.

Culture within this service

- There was a positive culture throughout the service. All staff and volunteers we spoke with described a supportive and friendly working environment.
- Staff told us that they had chosen to work with METRO as they shared its outlook and values. The clinic's director of operations had started work as a volunteer at the service. This demonstrated that the provider was keen to develop talent within the organisation and provided opportunities for career development.
- Staff and volunteers spoke of excellent team work and a supportive leadership, both within the clinic and within the charity as a whole.

Public engagement

- People who used the service had been involved in the content and development of the 'PitStop Plus' website. As a result staff included information on diet, exercise, drugs and alcohol in addition to sexual health and HIV information. People who used the service developed the language used on the website to make it less clinical and more readily accessible to people without detailed knowledge of mental health services.
- The service organised a ticketed riverboat party along the Thames from Maritime Greenwich to central London as part of the annual Pride celebrations.
- One of the volunteers told us that their employer matched their hourly rate of pay for the hours they volunteered in payments to the charity. Further, as part of their own charitable work, his employer had arranged for its staff to undertake painting and decorating at the clinic. Staff told us that this was another opportunity to engage with the wider community and publicise the work of the clinic.

Staff engagement

- The senior team issued a weekly 'newsround' publication to staff and volunteers that included charity news, social events and policy changes.
- In addition, a bi-annual online survey was issued to staff and volunteers to keep track of their satisfaction with the organisation. The survey conducted in November 2016 indicated that 62% of staff (across the charity as a whole) felt they "always" were empowered to take responsibility for making their own decision where appropriate, whilst a further 25% felt that this was the case "most of the time".
- Staff and volunteers were encouraged to engage with METRO's charitable campaigns and fundraising, and a number of staff we spoke to told us that they had done so. They described METRO as a dynamic and innovative employer.
- Some of the staff that we spoke to explained that they had specifically sought out employment with METRO, as they shared its vision and felt that it was a rewarding place to work.

Innovation, improvement and sustainability

- The senior leadership team described the charity as a responsive organisation that sought to proactively engage with the complexities of HIV. As such, it was committed to innovative working, for example through the development of the social media platform.

Outstanding practice and areas for improvement

Outstanding practice

- The service had developed its own social media platform, through which service users could record their sexual activity, for example the type of sex they had had, with whom and whether they had been using alcohol or drugs at the time. This generated an individualised risk assessment for HIV and other STIs.
- Staff carried out outreach work and advertised the clinic through digital social applications in order to direct the advice and awareness of the clinic to potential service users.
- Following a number of attacks on men who used digital social apps, staff provided safety information for service users on how to protect themselves and use apps safely. Additional safety information was available on their website.
- The provider offered a third party hate crime reporting service.
- The service referred service users to support groups facilitated by the wider METRO charity for people over the age of 50, and for younger people. The groups provided emotional support and a safe space for individuals to discuss their concerns and needs with their peers.