

Bourn Hall Limited

# Bourn Hall Clinic Wickford

## Inspection report

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Date of inspection visit: 12 January 2022  
Date of publication: 14/03/2022

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?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients and families.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- During our inspection we found some equipment on one emergency resuscitation trolley had gone past the expiry dates. The registered manager took immediate action and removed the items and arranged for replacements. The service should ensure that the checking of equipment is completed accurately to ensure all equipment is in date and ready for use.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Fertility services	Good 	

# Summary of findings

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# Summary of this inspection

## Background to Bourn Hall Clinic Wickford

Bourn Hall Clinic Wickford provides National Health Service (NHS) and privately funded fertility advice and treatment for people in Essex and the surrounding geographical area. It is part of the Bourn Hall Limited group. The service is registered with the Human Fertilisation and Embryology Authority (HFEA) and the Care Quality Commission (CQC).

The HFEA regulate services that provide fertility treatment and research using human embryos and carry out their own inspections to ensure their standards are met. The service is registered with the CQC for the regulated activities of diagnostic screening procedures and surgical procedures for adults over 18 years of age. Although there had been no surgical procedures in the 12 months prior to our inspection, CQC only inspect against regulated activities.

The service is located in a 3-storey purpose-built building situated in the town of Wickford, with nearby train and bus transport links. There are adequate car parking facilities to the rear of the building.

Facilities include ground floor entrance using security entry. There is a lift available providing access for those with a disability. The first floor consists of a large reception area with seating strategically placed to adhere to COVID-19 pandemic social distancing guidance. The area was visibly clean and tidy with well-maintained attractively coloured furniture and subdued music. Off the main reception corridors were 4 consultation rooms, clinical room, 2 ultrasound scanning rooms, quiet room used for counselling, administration offices, stock rooms, staff meeting room and kitchen. Adequate toilet facilities were available including some adapted facilities on each floor. The second floor provided procedure facilities, including procedure room, recovery area with 5 bays, quiet room for patients, laboratory and staff changing room.

The service is open Monday to Friday, and when they close there is a consultant who is on call until 10pm. There is an out-of-hours service to cover calls between 10pm and 8am.

The service is led by a medical clinical lead director and a registered manager. The organisation's governance is led from their Cambridge office and the service receives managerial support for aspects of operational management. The service employs a range of clinical staff including consultant gynaecologists, clinical embryologists, specialist nurses and midwives, health care assistant, administrators and access to a counsellor and nutritionist.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This is the first inspection of this service.

## How we carried out this inspection

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

## Outstanding practice

We found the following outstanding practice:

# Summary of this inspection

- The service provided staff with opportunities to attend courses and gain new skills, thereby enhancing their professional career development prospects. Staff received inhouse support and guidance from experienced consultants and nurses to deepen their learning.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service SHOULD take to improve:**

The registered manager should ensure that the checking of equipment on the emergency resuscitation trolley is completed accurately to ensure all equipment is in date and ready for use.

# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Fertility services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

## Fertility services

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

### Are Fertility services safe?

Good 

This was the first time we had rated this service. We rated safe as good.

### Mandatory training

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

All staff received and kept up to date with their mandatory training which included infection prevention and control (IPC), fire awareness and basic life support. Mandatory training completion rate was 100%. Staff had their own online training link which they could access using their individual password. The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, equality, diversity and inclusion. Nurses undertook specific training to enhance their clinical skills, for example ultrasound scanning.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had a designated compliance officer within the human resources team at the organisation's main location, who monitored staff training compliance closely and notified the registered manager when refresher training was due.

### 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.**

Nursing and medical staff received training specific for their role on how to recognise and report abuse. The comprehensive safeguarding policy referred to the intercollegiate document adult safeguarding: roles and competencies for health care staff guidance for staff safeguarding training, and the head of quality assurance informed us that staff have training relevant to their role. Staff including nurses, midwives and doctors that had regular contact with patients and their families were trained to level 2.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.



# Fertility services

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The organisation had a principle adult safeguarding officer who was trained to level 4 and the safeguarding officers trained to level 3. The safeguarding officers followed up safeguarding concerns and reported them to the relevant local authority. Staff followed safe procedures for children 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.**

The service had a COVID-19 pandemic protocol for visitors which included asking declaration health questions relating to the virus. Visitors had their temperature taken to detect any signs of illness and they were asked to use the available hand gel. People were asked to wear a facemask (except for those medically exempt) and facemasks were available. Due to the pandemic, patients' appointments were arranged to ensure they did not have to wait in the reception area with others but were called to their consultation/procedure area on arrival. This reduced direct people contact, in line with infection control guidelines.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly. The service had an external cleaning company who undertook the nightly cleaning regime.

Staff followed IPC principles including the use of personal protective equipment (PPE). All staff wore masks. Clinical staff wore scrubs which were short sleeved ensuring they were bare below the elbows which allowed them to follow handwashing procedures effectively. We were told that when staff worked in the procedure areas they wore plastic overshoes, head covering, aprons and gloves. In the staff changing room, linen bins were available for used scrubs.

The service undertook monitoring as part of the quality assurance teams audits. We viewed hand washing and PPE competency observation checklist which had been completed by the services infection prevention and control lead nurse. They indicated staff compliance with the IPC policy.

Although there were no patients receiving a CQC regulated activity at the time of inspection, we were told that staff cleaned equipment including ultrasound probes and blood pressure monitors with the appropriate cleaning agent. We were told that when patients were discharged from the recovery area staff cleaned the bays which included the recliner chairs, patient lockers, medical equipment and other touch points. Once cleaned, the recovery bays were restocked ready for the next day. We observed this process.

## 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. The service consisted of a reception and waiting area which was comfortably furnished. There was subdued music playing which was relaxing and provided a degree of confidentiality as background noise to deflect conversations at the reception desk. There were four consulting rooms which were designed to have access to adjoining clinical rooms. There were two ultrasound scanning rooms, one procedure room with adjoining recovery areas with five bays, staff changing room, laboratory, staff kitchen and storage rooms. Where doors were required to be kept locked for safety reasons or where there was restricted access, staff had a security access fob device to allow them admittance, thereby preventing unauthorised entry.

## Fertility services

There were appropriately placed fire extinguishers throughout the building with reflective fire exit signage. Fire equipment maintenance was current, and the next check was due November 2022. Staff had completed fire awareness training and fire drills were conducted.

Staff carried out daily safety checks of specialist equipment and this was recorded. We checked the suction equipment and the automated external defibrillator (AED) which were in good working order and had been serviced. The emergency medicines on both emergency resuscitation trolleys were in date and stored correctly. However, we found that some equipment on one of the emergency resuscitation trolley was past the expiry date. We brought this to the attention of the registered manager who took immediate action to remove the items and arranged replacements. Our findings were raised during a subsequent staff meeting. Changes were made with the introduction of two staff allocated to carry out the daily equipment checks together rather than one.

The service had suitable facilities to meet the needs of patients' families. There was a comfortable quiet room with beverage making facilities, where patients could take some private time alone or with family if required.

The service had enough suitable equipment to help them to safely care for patients. The maintenance of equipment was organised by the quality assurance team who arranged for their own health and safety maintenance staff to complete checks. Specialist contractors were arranged to maintain equipment such as the ultrasound scanners. The equipment we checked had in-date maintenance checks, including portable equipment testing (PAT).

Staff disposed of clinical waste safely. There were clinical waste bins appropriately placed and all sharps bins were dated and signed when opened.

### Assessing and responding to patient risk

**Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration**

Although there were no patients receiving a CQC regulated activity at the time of inspection, staff showed us the risk assessment forms they used for each patient on arrival. These were recognised tools, and staff reviewed these regularly, including after any incident. Staff told us they monitored patients closely during and following procedures, undertaking observations including blood pressure and pulse rate using a recognised early warning tool. Staff knew the escalation process and responded promptly to any sudden deterioration in a patient's health.

Staff knew about and dealt with any specific risk issues. Staff had received intermediate life support training which included cardiopulmonary resuscitation (CPR), anaphylaxis and use of the automated external defibrillators (AED).

Patients received a comprehensive assessment during the initial meeting with the consultant, which included medical history and any allergies were noted on the records. Patients with an allergy who were undergoing a procedure were given a red-alert wrist name-band for ease of recognition.

Staff shared key information to keep patients safe when handing over their care to others. All records we viewed were clearly documented which ensured shift changes and handovers included all necessary key information to keep patients safe.

# Fertility services

## 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. Managers regularly reviewed and adjusted staffing levels and skill mix.**

## Nurse staffing

The service had enough nursing and support staff to keep patients safe. On the day of inspection there were enough nursing staff to manage the planned activities.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift to meet the operational needs of the service. The registered manager could adjust staffing levels daily according to the needs of patients.

Many of the staff had worked for the service for several years. The service had recently recruited some new staff who were undertaking their comprehensive induction. They told us the recruitment process had been smooth, and they felt supported by the management and staff.

The service did not use agency staff, but the service employed bank staff who could be called upon to cover when necessary.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

The service had enough medical staff to keep patients safe and had a good skill mix of medical staff on each shift and reviewed this regularly. The medical team consisted of consultants, including a lead clinician, who held the appropriate qualifications and experience.

On the day of inspection there were enough consultants on duty to manage the planned activities. The consultants told us they received their continued professional development through the National Health Service (NHS) and the organisation to maintain their registration. Appraisals were conducted for doctors with the organisation and the NHS. Part of their role was to teach new nursing staff, and the consultant spoke enthusiastically about their role supporting nurses to gain new skills.

The service had a human resources (HR) department who followed a robust recruitment process to ensure staff had the necessary employment documents for safe recruitment, for example disclosure and barring service (DBS) checks. The HR department monitored continued safe recruitment and had an automatic process for updating DBS declarations.

The service always had a consultant on call during evenings.

## 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.**

# Fertility services

Patient notes were comprehensive and person-centred, and all staff could access them easily. The initial patient consultation consisted of their medical history, photographic identification, mental capacity assessment, health screening, informed consent and a treatment plan ascertained. Where patients had a diagnosed medical condition, a consultation may be sought from the relevant consultant with the consent of the patient. All communication with the patient was documented clearly in the records.

Records were stored securely, and patients had their own unique number which was used on any documentation. Any paper records such as observation records used during procedures, were scanned and attached to the patient's electronic record.

The service had an electronic system so when patients transferred to a new team, there were no delays in staff accessing their records. Patient records were password protected to ensure they could only be accessed by those who were authorised to do so. Staff undertook data protection training. During our inspection we observed staff signing in and out of the electronic system using their own password.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medical staff wrote private prescriptions for medicines. Patients on a planned programme of medicine treatment were given an initial supply from the service with arrangements made for further supplies. Any medicines supplied were checked by two nurses who had received training in dispensing medicines. The medicine packets were appropriately labelled, and the patient was given an individualised monthly medication administration record with clear administration directions.

Staff had received accredited training in sedation and competency observation to ensure safe practice. Staff told us they monitored patients closely taking observations and followed a recognised early warning tool.

Staff completed medicines records accurately and kept them up to date. We were told that medicines administered in the procedure room and recovery bays were recorded immediately on a paper administration record. This was then scanned onto the computer to be kept in the patient's individual record.

Staff stored and managed all medicines and prescribing documents safely. Medicines including medical gases and controlled drugs were stored securely. Monitoring systems provided assurance that medicines requiring refrigeration were kept within their recommended temperature range.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Patients told us they were provided with clear guidance on how to administer their medicines on discharge.

Staff learned from safety alerts and incidents to improve practice.

The service had a management of medicine policy which stated staff responsibilities and was version controlled. The service had a system in place to check medicine stock and expiry dates. The organisation's nursing development director, who was the named controlled drugs accountable officer, completed medicine audits monthly.

# Fertility services

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had an incident process which included completing the incident form and reporting to the quality assurance team for investigation. We viewed incident records which identified the concern, investigation and the outcome including any changes to practice. For example, following one incident, changes were made to the email system to include read receipts. Any actions were completed, and lessons learned shared throughout the organisation.

The organisation held management meetings with senior personnel from the Cambridge site and registered managers from the other services in the group. This gave an opportunity to discuss any incidents and looked for themes and trends. Managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with the service's policy. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care. Staff meetings were held, and any issues raised locally and from management meetings were shared with staff to improve care.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers debriefed and supported staff after any serious incident. Staff told us the management team were very supportive.

## Are Fertility services effective?

Inspected but not rated 

We do not rate the effectiveness of diagnostic imaging services; however, we found the following during our inspection.

## 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 had access to policies and procedures through the computerised system. The registered manager had oversight of the service to ensure staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. Any medical or change to practice alerts were cascaded by the quality assurance team to the service.

# Fertility services

The medical and nursing staff were registered with their own respective professional national bodies who would inform them of any changes to evidence-based practice. Attendance to professional courses gave staff insight into any changes or practice development. There had been IPC changes during the COVID-19 pandemic, and this was reflected in the IPC protocols and audits.

## Nutrition and hydration

**Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.**

We were told that patients were required to withhold food and fluids prior to undergoing certain procedures. Patients were informed verbally and in writing when they should fast before their appointment times. After their procedure they were offered beverages and snacks. If patients wished, they could bring their own drink and snack.

Patient's weight and height was taken to assess their body mass index (BMI) as part of the medical history during their first consultation. Specialist support from a nutritionist was available and patients could be referred for advice.

The service had beverage and snack facilities available for patients in different areas of the service and were welcome to help themselves.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.**

When patients undertook certain procedures, pain relief was offered and documented on the medical administration record.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff prescribed, administered and recorded pain relief accurately.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

From feedback, outcomes for patients were positive, consistent and met expectations. Managers and staff used the results to improve patients' outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time, for example medicine, IPC and patient records were audited. Outcome of audits was discussed at management meetings and any themes or trends identified. Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits through regular staff meetings. Relevant discussions from the management meetings were shared with staff to improve care.

## 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.**

# Fertility services

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff had the opportunity to undertake additional courses for both personal and professional development. Nurses completed ultrasound scanning training and practical skills were observed to ensure competency.

Managers gave all new staff a full induction tailored to their role before they started work. Staff followed a comprehensive orientation programme and worked alongside experienced staff.

Managers supported staff to develop through yearly constructive appraisals of their work. Staff told us they received appraisals and had opportunities for professional development. The organisation had a central recall system for appraisals to ensure they were completed as required. The compliance officer informed the registered manager when appraisals were due and followed up to ensure they were completed.

Managers supported nursing staff to develop through regular constructive clinical supervision of their work. Nursing staff were provided with opportunities for continued professional development (CPD), which was required by the Nursing and Midwifery Council (NMC), to enable them to complete their revalidation for continued registration. The human resources (HR) department forwarded reminders to staff and the registered manager when each nurse's revalidation was due.

Managers supported medical staff to develop through regular constructive clinical supervision of their work. The HR department maintained CPD records for medical staff which was used for their revalidation with the General Medical Council (GMC).

The clinical educators supported the learning and development needs of staff. The consultant told us they teach and support new nurses to gain the experience they need to learn new skills specific to the service.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Minutes of the meetings were available for staff to read.

## 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 held regular and effective meetings to discuss patients and improve their care. Staff told us they work as a team, and we observed effective communication between staff on the day of inspection.

Staff worked across health care disciplines and with other agencies including contracts with the NHS. The service accepted referrals from GPs and the NHS as well as self-referrals. Patients were given written information regarding their treatment and medicines for them to share with their GP.

Staff told us they had access to professionals within the organisation, including a nutritionist and a counsellor. Staff referred patients when needed to healthcare professionals as part of their treatment plan.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Informative recordings and advice on a healthier lifestyle were available on the organisation's website.

## Fertility services

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. During the consultation, a checklist of past and present health questions was undertaken with a person-centred approach, providing appropriate advice.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The initial patient consultation provided staff with an insight into the patient's capacity and understanding. Staff received training on the approach to take to ensure patients had a clear understanding to enable them to make an informed choice.

Staff told us they gained consent from patients for their care and treatment in line with legislation and guidance. Where a patient required information in their preferred language, the service used a translation service. The service never used family members or friends as translators. Staff told us they were aware of ensuring patients had a clear understanding to enable them to make an informed choice.

Staff told us they made sure patients consented to treatment based on all the information available. Patients were invited to refer to the organisation's website where informative recordings could be accessed.

Staff clearly recorded consent in the patients' records. Completion of consent was audited by the quality assurance team as part of the patient record checks.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

### Are Fertility services caring?

This was the first time we had rated this service. We rated caring as good.

### Compassionate care

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

Staff were discreet and responsive when caring for patients. We observed staff escorting patients into the procedure suite, and although they were not undertaking a CQC regulated activity we observed that staff took time to interact with patients in a respectful and considerate way. IPC procedures were followed to ensure the safety of patients and staff.

Patients said staff treated them well and with kindness. Patients told us they were treated with dignity and staff made them feel welcomed. They said during the videoconference with the consultant they were given opportunities to ask questions and did not feel rushed. They said they were very happy with the service.



# Fertility services

Staff followed policy to keep patient care and treatment confidential. The service had a computerised system where patient records were stored which was password protected. We observed staff talking discreetly to patients and there were curtains around each bay to provide privacy.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients. The service had access to a counsellor where patients could be referred if they had any concerns related to their treatment.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff had received training in equality and diversity and protected characteristics in the Equality Act 2010 which included lesbian, gay, bisexual and transgender (LGBT).

## Emotional support

**Staff provided emotional support to patients and families to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff spoke with compassion when they described how they supported patients through their treatment.

Staff told us they supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. The service had a quiet room with comfortable chairs and beverage making facilities for patients who required a more private area.

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.

Patients told us staff were empathetic and listened. They told us staff always treated them with dignity, and when they underwent treatment staff ensured they were comfortable.

## Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients and their families in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment, and staff supported them to do this. Patient surveys were sent out via a technology media company and the feedback collated and shared. Patients had the opportunity to enter comments on various social media outlets.

Patients gave positive feedback about the service; however, we saw from minutes of meeting that there had been some negative comments about communication. The service was reviewing different methods to obtain patient feedback with the objectives to improve patient experience.

Staff supported patients to make decisions about their care. Patients told us the service's website provided written and recorded information.

# Fertility services

## Are Fertility services responsive?

Good 

This was the first time we had rated this service. We rated responsive 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 people. 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.

Facilities and premises were appropriate for the services being delivered. The layout of the purpose-built premises was suitable, with a pleasant waiting area, consultation rooms, procedure room and recovery bay, clinical room and ultrasound scanning rooms. The laboratory was onsite which provided an inclusive service.

The service had systems to help care for patients in need of additional support or specialist intervention, including access to a counsellor and nutritionist.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted.

The service worked closely with the commissioners of services and had contracts with the local NHS Trusts.

### 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 service was over three floors and had a lift making it accessible for patients using wheelchairs. There were enough patient rest rooms and a wheelchair accessible toilet.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. When the person required information in their preferred language, the service used a translation provider. The service never used family members or friends as translators.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were knowledgeable about the Equality Act 2010 and those patients with protected characteristics.

### Access and flow

**People could access the service when they needed it and received the right care promptly.**

## Fertility services

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service had a structured plan for each day with appointment times allocated to ensure waiting times were kept to a minimum. To reduce COVID-19 risks, people contacted the service when they arrived in the car park and when the service was ready for them they were called in.

Managers worked to keep the number of cancelled appointments to a minimum. The COVID-19 pandemic had impacted on people's appointments. The service's website provided current information for people of when the service was open, and the changes made to ensure COVID-19 IPC was adhered to.

Due to the COVID-19 pandemic the service introduced videoconferencing technology to hold consultations with patients. Staff told us this provided a safe and effective way of communicating with patients.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

### 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 and relatives knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. The service's website contained a patient information sheet outlining the complaints procedure.

Staff understood the policy on complaints and knew how to handle them. Staff told us that if a patient complained during their visit to the service, they would try to resolve it verbally either themselves or ask the registered manager. Where the complaint could not be resolved, staff told us they would provide the patient with details of how to make a formal written complaint.

Complaints were referred to the quality assurance team who would investigate the complaint and respond to the patient following the complaints policy. Audits were carried out to identify themes.

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.

### Are Fertility services well-led?

Good 

This was the first time we had rated this service. We rated well-led as good.

### Leadership

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

# Fertility services

The service had a clear management structure, led by a lead clinician, lead embryologist who was the registered manager and a lead nurse. As part of a group, the service was supported by directors from the organisation who were based at the Cambridge clinic. These included a chief executive, nursing development director, regional lead clinician and departmental directors.

The registered manager told us the service worked closely with other clinics within the organisation. Meetings were held with the senior management team and clinic registered managers and we viewed copies of the minutes.

The leadership team was clear in their roles and accountabilities. They were visible and approachable. Staff understood their roles and responsibilities and spoke positively about the management of the service.

Staff told us the registered manager was approachable and listened to any concerns or ideas. Staff confirmed senior personnel from the Cambridge clinic visited to undertake audits and to ensure oversight of the service. On the day of inspection, we observed staff and the leaders working alongside each other as a team with positive shared communication.

## 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. Leaders and staff understood and knew how to apply them and monitor progress.**

The management review minutes identified that the organisation had reviewed their strategy with regards to the impact of COVID-19 pandemic. They had implemented different methods to ensure areas of practice continued whilst adhering to current IPC guidance, for example, the introduction of a new e-learning system for staff training.

The organisation had identified goals relating to operational, quality, innovation and growth objectives which clearly outlined their future vision. The publication of the organisations planned objectives and achieved objectives from the previous year, were shared with staff. Usually the vision and strategy plans were shared through face to face staff meetings, however due to COVID-19 and in line with current guidance, it was made available for staff through their intranet system.

## 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 told us they were happy working at the service and had confidence in the management team. They said they felt supported both from the registered manager, lead nurse and the departmental directors who they could contact for advice or discuss any concerns with when they visited to undertake audit checks.

Staff described the service as a good place to work. They spoke positively about the training and the opportunities for professional development. Staff gave examples of how they had been supported to gain additional healthcare qualifications.

Patients told us staff were friendly and kind and they felt confident that staff would answer any questions they raised.

# Fertility services

## 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.**

Bourn Hall Limited governance frameworks followed legislation and regulations which supported the clinics within the group. The service complied with the frameworks and worked closely with the relevant organisation's departments to ensure processes were followed.

Organisational meetings were held regularly with senior management and clinic registered managers. Future plans, achievements and any changes to service practice including policies were discussed. Audits, complaints, incidents and good practice were shared, and lessons learned were cascaded to staff during the service's staff meetings.

The service conducted regular routine checks on medicine management, cleaning and emergency equipment. During our visit we viewed the cleaning records and the medicine management which were recorded correctly. The registered manager proactively responded to concerns such as the out of date equipment found on the emergency resuscitation trolley and introduced a new checking system to reduce errors.

The quality assurance team closely monitored service performance through regular visits to the service to conduct audits. The outcome of the audits was discussed with the registered manager and an action plan devised. All actions were followed up to ensure compliance.

The service had service led agreements (SLA) with external companies who provided certain services. There was a system in place to complete due diligence processes for each supplier of 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.**

Risk assessments were completed and reviewed regularly by the relevant personnel, for example the workplace assessment had been completed by the health and safety service department. The registered manager had oversight of all the risk assessments which included IPC, equipment and medicines.

The service had an audit programme completed by the senior management team. Part of the quality assurance audits was to ensure risks were identified and processes put in place to minimise the risks. Compliance was identified using a RAG (red-amber-green) system which identified where areas of improvement were required. Actions required were followed up to ensure they were completed.

The registered manager and the quality assurance team were aware of their responsibility to forward notifications to the CQC regarding events and incidents that affected the service or people who used it. The registered manager told us any safeguarding concerns were discussed with the safeguarding lead who escalated alerts to the local authority.

# Fertility services

## Information Management

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

The registered manager and staff were aware of the importance of confidentiality and data protection. Electronic records were safely stored and were password protected. We observed staff signing in and out of the system when they needed to access records which ensured access to records was through authorisation only. On the day of inspection, the service's information technology (IT) provider was present. They told us the service had access to IT advice through their company when required.

Staff had access to policies and procedures and their individual training online registration. Staff had completed general data protection regulation (GDPR) training.

Certificates were displayed on the wall relating to CQC registration, information commissioner's office (data protection) and employer liability insurance which were all current.

## 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 worked closely with the local NHS hospital, out-of-hours call provider and other professionals providing a supportive network for patient care.

The service's website provided written information and advice, informative recordings, access to relevant social media outlets and blogs, and the latest information relating to COVID-19 advice.

Information relating to the patient support group who held monthly evening meetings using videoconferencing technology, was highlighted in the news section of the website. The meetings provided an opportunity for patients to talk and for guest speakers to attend to speak on a range of topics. The meetings were led by an experienced staff member.

Virtual open evenings were available to provide information for new patients and webinars for patients with protected characteristics under the Equality Act 2010.

## 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.**

Staff told us they were supported with attending courses to develop new skills. Learning for staff development and service improvement was actively encouraged.

## Fertility services

Assurance that learning was embedded into practice was part of the induction, supervision and competency process. We viewed records which contained competency statements related to various areas of the nursing staff member's role including knowledge of coaching and mentoring skills. New staff told us they were supported by their colleagues, medical team and management.

The quality assurance team undertook audits in all the clinics within the group. Regular management meetings enabled lessons learnt and shared learning to be discussed to improve care practices.

The service had developed new ways of working during the COVID-19 pandemic, and through using technology had been able to continue with consultations safely as well as online support groups and open evenings. Videoconferencing technology had allowed for management and staff meetings to continue, and training maintained through e-learning.