

Mulchand (UK) Limited

Central London

Inspection report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

It is the first time we rate this core service. 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 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service 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 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 contributed to innovation and improvement in sexual reproductive health. Doctors proactively shared their findings with external organisations and public bodies as well as with their colleagues to inform national sexual health policy and potential new treatments.

However:

- The risk register lacked detail concerning the risk owner and timescale for completion of any mitigating actions.
- The service did provide evidence that early warning scoring was routinely used to identify individual risks when termination of pregnancy procedures were undertaken. They did not demonstrate that they completed the World Health Organisation (WHO) checklist for surgical procedures.

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating

Good



Summary of each main service

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- Staff provided good care and treatment gave patients 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service 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 felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. All staff were committed to improving services continually.
- The service provided patients with online resources to keep them informed and make positive choices about their lives.
- The service contributed to innovation and improvement in sexual reproductive health. They service organised online webinars accessed by

Summary of findings

other clinicians where they shared gained knowledge, discussed unusual and complex cases, and campaigned to increase availability of STI testing.

However:

- The risk register lacked detail concerning the risk owner and timescale for completion of any mitigating actions.

We rated this service as good because it was safe, effective, caring, responsive, and well led.

Termination of pregnancy

Good



Central London provides termination of pregnancy service. The service carries surgical and early medical terminations to adult woman during the first 10 weeks of pregnancy. The service performed less than 10 terminations of pregnancies in the twelve months prior the inspection.

It is the first time we rate this service. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, understood how to protect women from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to women, 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. Staff worked well together for the benefit of women, advised them on how to lead healthier lives, and supported them to make decisions about their care.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported, and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities.

However:

Summary of findings

- The service did provide evidence that early warning scoring was routinely used to identify individual risks when ToP procedures were undertaken. They did not demonstrate that they completed the World Health Organisation (WHO) checklist for surgical procedures.

We rated this service as good because it was safe, effective, caring, responsive, and well led.

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Summary of this inspection

Background to Central London

Central London is part of the provider Mulchand (UK) Limited also known as Clarewell Clinics. The service is in Marylebone, Central London. The service accepts self-referrals and offers services to private adult patients. Most of the clinical care is being provided on a face-to-face basis followed by telephone and video support.

The service provided treatment in areas of gynaecology, urology, sexual health, and general genitourinary medicine. They offer non-venereal genital infections treatment and supported men with sexual health issues such as erectile dysfunction, Peyronie's disease, chronic genital pain, and contraception. They provide rapid on-site testing for sexually transmitted infections, with a use of a PCR machine, offered electrosurgery and shockwave therapy (extracorporeal shockwave therapy; ESWT).

Central London also provides termination of pregnancy service. The service carries surgical and early medical terminations to adult woman during the first 10 weeks of pregnancy. The service performed less than 10 terminations of pregnancy in the twelve months prior the inspection.

The service registered with the Care Quality Commission (CQC) on 9 December 2021.

The provider is registered for the regulated activities: termination of pregnancies, surgical procedures, Diagnostic and screening procedures, family planning, and treatment of disease, disorder, or injury.

The service had a registered manager in the post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. They have legal responsibilities for meeting the requirements set out in the Health and Social Care Act 2008.

The service had not been inspected or rated before this inspection.

Termination of pregnancy is a small proportion of the provider's activity. The main service provided by this service was outpatients. Where our findings on outpatients – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the outpatients service.

How we carried out this inspection

We carried out the unannounced inspection visit on 28 June 2023 at the registered location 8-9 Ivor Place, London, NW1 6BY.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question.

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>.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- The service provided patients with online resources to keep them informed and make positive choices about their lives. The service actively shared information with public and other clinicians, through online channels and local media, with an aim to promote health lifestyles and increase sexual health awareness. It included posting videos online about benefits of smear testing or treatment options available when dealing with sexually transmitted infections (STI).
- The service contributed to innovation and improvement in sexual reproductive health. Doctors proactively shared their findings with external organisations and public bodies as well as with their colleagues to inform national sexual health policy and potential new treatments.
- The service organised online webinars accessed by other clinicians where they shared gained knowledge, discussed unusual and complex cases, and campaigned to increase availability of STI testing.
- Consultants presented their findings and shared clinical outcome data at professional conferences, for example the Joint Conference of The British HIV Association & British Association for Sexual Health & HIV. They contributed towards developing new treatment methods, for example treatment of the resistant *Trichomonas vaginalis* (TV).

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 provider should ensure that each risk is allocated to a risk owner, so they maintain responsibility for managing the risk. Any mitigation actions should be identified and completed by a specific date which is recorded in a risk register document.
- The provider should ensure early warning scoring is routinely used and records are kept within the service,
- The provider should ensure clinicians complete the World Health Organisation (WHO) checklist for surgical procedures and that records were available at the clinics to demonstrate its use.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Termination of pregnancy	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Outpatients

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

Is the service safe?

Good 

It is the first time we rate this domain. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training, which they completed through online courses. It included infection prevention and control, fire safety, safeguarding training, basic life support and information governance. The service also provided basic life support and anaphylaxis training for all staff.

Medical staff received and kept up to date with their mandatory training, most of this training was completed in the NHS and clinicians provided certificates to show compliance.

The mandatory training was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding training was included in the service's induction and annual mandatory training. Clinical staff received training level 3 for adults and children and non-clinical staff received training to level 2 for adults and children; this was role dependent.

Staff could give examples of how to protect patients from harassment and discrimination.

Outpatients

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They were very aware of patients in vulnerable circumstances, patients who may have been the victim of a sexual assault. All staff were trained as chaperones and all patients were offered this service during consultations. The chaperones name was documented in the patient notes. A poster was displayed in the clinic reminding patients of the chaperone service.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. All staff had received mandatory training in infection prevention and control. Flooring and chairs were made from easy clean materials.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). They cleaned equipment after patient contact. There had been no surgical site infections reported. Staff cleaned equipment after patient contact. All surgical equipment was single use only.

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 service had suitable facilities to meet the needs of patients' families. The service had enough suitable equipment to help them to safely care for patients. Fire safety equipment was located at key points and had been regularly checked.

Staff disposed of clinical waste safely. Waste was correctly separated, and clinical waste disposed of appropriately.

Staff carried out regular checks of the equipment to ensure it was safe and ready to use. They had arrangements in place to service specialist equipment to ensure it was safe and operated in line with the producer's guidance. The provider completed an audit in May 2023 which looked at health and safety across all three of the service's clinics. The checks included legionella checks, curtain checks, emergency equipment, fire equipment, emergency lighting and alarm checks. There were no major shortcomings identified through this audit.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff obtained full medical history and used it to assess risks for each patient, they reviewed this at each visit. Staff knew about and dealt with any specific risk issues. There was a procedure for patients whose condition might deteriorate during their visit. This included how to support patients with obtaining emergency care in an NHS service. Staff gave examples how they supported patients who experienced poor health and needed urgent medical help. There were clear processes to refer patients with any concerns to other providers for further testing such as ultrasound scanning or counselling if required. The consultants wrote a letter where they shared information noted during their consultation leading to the referral for patients to take to another provider or their GP. Staff were clear on the referral process into other providers including the NHS.

Outpatients

All staff were attended mandatory training in basic life support to give emergency life support to a patient who may need it. They had access to life support equipment including emergency medicines such as adrenaline.

Staff shared key information to keep patients safe when handing over their care to others. Patients were given advice about potential side effects after treatment verbally and in writing. They were told who to contact if they became unwell or had any concerns. Patients could ring the clinic during regular open times, they were advised to email if it was not urgent. For all urgent concerns out of hours, they were asked to attend their local NHS service.

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.

The service employed sexual health specialist nurses, sexual and reproductive health consultants, gynaecologist and contraception specialist, and clinical assistants amongst other staff. Managers adjusted staffing levels to meet patient's needs, they provided staff with a full induction.

The service had no vacancies and low turnover rates. They did not use bank and agency staff.

The service employed three consultants, including the registered manager, who were trained in genitourinary medicine; two of these consultants also worked within the NHS. The service collected pertinent information about medical staff such as references and appraisals prior to them working at the clinic; all consultants had their own individual indemnity insurance. The registered manager monitored their practice through outcomes, feedback, and appraisal documentation.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. The electronic record was specifically designed for the clinic and had specific templates for the different consultations and procedures. It was adaptable to suit the changing needs of the patients and clinic.

Records were stored securely.

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.

Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely. When staff prescribed and gave patients medicines to take home, these were clearly labelled with instructions on how and when to take the medicine.

Staff learned from safety alerts and incidents to improve practice.

Outpatients

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.

Although the service did not have a need to report any serious incidents in the 12 months before the inspection, staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the service's policy.

Staff understood the duty of candour, they were open and transparent.

Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made because of feedback.

Managers received patient safety alerts and acted upon them when required.

Is the service effective?

Inspected but not rated 

We report on effectiveness for outpatients below. However, we currently overall do not provide rating for effectiveness in outpatient departments.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Specialist nursing staff were followed the NICE guidance relating to speciality, such as the prevention of sexually transmitted infections and conceptions.

Clinical guidance and policies followed by staff were informed the British Society for Sexual Health and HIV (BASHH) guidelines.

Staff were aware of policies, and they could be accessed through the service's online system. The manager was responsible for ensuring policies, risk assessments and standard operating procedures were kept up to date and they monitored updates and changes.

Nutrition and hydration

Due to the nature of the service, they did not provide patients with food or drink and did not have a need to fulfil nutritional needs of those with specialist nutrition and hydration needs.

Outpatients

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief after requesting it and staff prescribed, administered, and recorded pain relief accurately. Staff monitored the patient's pain throughout any procedures and gave advice on over-the-counter pain relief if required.

Patient outcomes

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

Outcomes for patients were positive, consistent, and met expectations, such as national standards. Doctors collected information to inform care and treatment options and to share their findings with other clinicians and professional bodies. For example, consultants told us how they contributed towards raising awareness of raising risk of monkey pox infections in the local community. Managers and staff used the results to improve patients' outcomes. The service collected patient feedback and used this to monitor patient outcomes. They used this to make improvements to the service. They mostly encouraged patients to submit feedback via an open forum on a search engine.

Managers and staff carried out a programme of repeated internal audits to check improvement over time. Managers used information from internal audits to improve care and treatment. Doctors consulted their colleagues to share their findings and discuss best treatment options in rare cases when there were no available published clinical guidelines.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. They identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Consultants were managed by the registered manager who was a clinician. They ensured the consultants were competent within their specialty. They monitored each consultant, reviewed their appraisals, and looked at the feedback received. The manager stated that they were very selective with the consultants that they employed, and they needed to be the right fit for the company.

The service ensured that the relevant recruitment checks had been completed for all staff. These included Disclosure and Barring Service checks prior to appointment along with occupational health clearance, references and qualification and professional registration checks.

Multidisciplinary working

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

Outpatients

The team worked well together and communicated effectively for the benefit of the patients. This included the registered manager, nurses, support workers, and consultants.

Doctors had access to a professional forum when they could discuss individual patients with other consultants in cases when they operated outside of published guidelines with an aim to improve their care. Staff worked across health care disciplines and with other agencies, for example public health England, when required to care for patients (Public Health England was replaced by UK Health Security Agency and Office for Health Improvement and Disparities).

Seven-day services

Key services were available when required to support timely patient care.

Patients were offered flexible appointment times, including weekends. The clinic was able to offer same day appointments and were able to accommodate individual patient's requests. Patients were offered diagnostic tests that were performed at the clinic.

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.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who potentially experienced mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records. Patients could request for presence of a chaperone during their consultation and treatment. The service completed an ad hoc audit of their consent forms. Staff looked at consent forms for each procedure they completed. Data from 2022 to 2023 showed that 100% of consent forms had been completed for implant removal, hyfrecation (a minor surgical procedure that works by burning off unwanted skin lesions) and coil replacement.

Staff understood the relevant consent and decision-making requirements of legislation and guidance and they knew who to contact for advice. Staff received consent training within their safeguarding mandatory training module. The compliance rate for the training was above 90%. Staff spent time with patients explaining their options, to support them to make a choice. There was a consent policy.

Is the service caring?

It is the first time we rate this domain. We rated it as good.

Outpatients

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. Staff took time to interact with patients and those close to them in a respectful and considerate way. The service was person centred, and staff had discussions and interactions with patients that demonstrated the patient's needs had been considered.

Patients said staff treated them well and with kindness. Most feedback provided by patients online was very positive. One patient said that “the doctor and nurse were highly professional, knowledgeable, and made me feel very much at ease”. Another patient commented that they “felt comfortable from beginning to end, respected, listened to and concerns were validated and settled”. Overall patients thought the service was “easy to book, communicate with, and on the day the experience was good” they also noted the service was clean and staff were very caring.

Staff followed policy to keep patient care and treatment confidential. Staff put people at ease and “normalised” discussions about sex so that patients were able to talk freely about their sexual experiences. They encouraged people to talk about their experience and identify the risks they may face by not participating in safer sex practices.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patient's care. Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

Emotional support

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

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.

The service referred patients for counselling at one of their partner clinics when they identified a need for additional emotional or psychological support.

They recommended patients speak to their GP if they had prescribed them new medication.

Understanding and involvement of patients and those close to them

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

Staff made sure patients understood their care and treatment, they talked with patients in a way they could understand. The service offered a free of charge call back after a patients' appointment if they needed further reassurance or information.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service.

Is the service responsive?

Outpatients

Good 

It is the first time we rate this domain. We rated it as good.

Service delivery to meet the needs of local people.

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

Managers planned and organised services well, they minimised the number of times patients needed to attend the clinic, by ensuring patients had access to the required staff and tests on one occasion. The service could offer an appointment mostly within 24 to 48 hours. They often had on the day appointments for patients who needed urgent treatment. The service had a quick turnaround of results; most results were available within 1 to 4 hours.

Facilities and premises were appropriate for the services being delivered. Patient consultations and clinical examinations were held in private rooms and behind closed doors.

The service had systems to help care for patients in need of specialist intervention.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted.

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.

Staff made sure patients received the necessary care to meet all their individual needs. Managers made sure staff, and patients, could get help from interpreters when needed. Staff were proactive in understanding the needs and preferences of different groups of patients and offering care in a way that meets these needs, which was accessible and promoted equality.

The service did not have information leaflets available in other languages than English. However, they were able to use an online translation platform to translate if required. Facilities and premises were appropriate for the services being delivered.

Access and flow

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

Managers made sure patients could access services when needed and received treatment without any delays. They worked to keep the number of cancelled to a minimum. Patients were given the first available appointments; this was mostly within 24 to 48 hours of the request and tests were mostly performed at the time of the appointment. Clinicians could see walk-in patients if they felt it was an emergency visit.

Outpatients

Patients did not have their appointments cancelled at the last minute. Managers told us they would make sure any appointments that on rare occasions needed to be rearranged would take place as soon as possible. The service could offer flexible appointment times that were organised to suite patient's needs.

The service offered eight sexually transmitted infection tests with same day results. This included HIV, chlamydia, and gonorrhoea. They could provide results in less than four hours as well as the advice and treatment on the same day.

Staff were working towards a 'one stop' clinic for patients. If patients came into the service for an intervention, such as contraception, then smear testing and/ or sexually transmitted infection tests was also and offered if required. Managers and staff worked to make sure patients did not stay longer than they needed to. The service offered a virtual consultation which was suitable to those seeking advice on issues relating to their sexual and reproductive health from the comfort of your home. This was used to support patients with gaining greater information about their situation before receiving care and treatment from the service. Patients who experienced any symptoms, were asked to visit in person so they could be examined and could receive a treatment to relieve symptoms.

Staff supported patients when they needed to access other specialist services by providing advice and sharing relevant information.

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 provided information about how to raise a concern. Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Staff could give examples of how they used patient feedback to improve daily practice. Staff received a weekly feedback email which had learning from complaints, or any identified learning identified through patients' feedback shared with them.

Is the service well-led?

It is the first time we rate this domain. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service.

Clarewell Clinics was a small service run by a director who was also the registered manager. There was a clear leadership structure in place. Each team had a team 'point' who was the speciality leader and they shared information with the clinic manager.

Outpatients

The manager was aware of the service's performance, limitations and challenges it faced. 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. Staff felt confident to discuss concerns if they had any and were able to approach the managers directly, should the need arise.

Vision and Strategy

The service had a vision for what it wanted to achieve. Leaders and staff understood and knew how to apply them and monitor progress.

The main goal of the service was to provide patients with “the tools and resources they need to protect their sexual health, prevent problems from arising, and enhance their intimate relationships”. The vision was to provide the patients with exceptional care in an unhurried manner and all in one place. There was no documented strategy for the service and how it planned to develop over the next few years. However, the managers told us that they wanted to develop the research within the clinic and to continue to provide educational material for patients and sexual health providers via their internet page. The provider aimed to become a centre of excellence by focusing on reflective practice demonstrated by research and teaching material. They also wanted to have maximise usage of up-to-date digital technology. They felt that information technology was at the core of innovation, and they wanted to become a leader in the field.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care.

The service promoted equality and diversity and provided opportunities for career development. The service had an open culture where patients and staff could raise concerns without fear.

Staff working at the clinic were proud they understood that “navigating sexual health could be a delicate journey”, and the team was committed to treating each patient with “the utmost respect, sensitivity, and humanity”. The culture encouraged openness and honesty. The leaders encouraged incident reporting including near misses. They understood the importance of staff being able to raise concerns without fear.

Governance

Leaders operated effective governance processes throughout the service.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a process to version control policies and procedures. Records showed policies were regularly reviewed and updated.

The service audited consent forms for different procedures and staff completed checklists daily which showed compliance against infection control and health and safety. The manager did visual spot checks of the environment when they were in the clinic and raised concerns where needed.

Staff held regular virtual meetings, but these were not formalised with an agenda or meeting minutes. We were told feedback, incidents and learning were discussed. Any new information was shared through the weekly email updates and daily via the communication application where staff discussed incidents and near misses and received relevant updates.

Outpatients

There were service level agreements (SLA) in place for the maintenance of equipment and the building. These were regularly reviewed to ensure the contracts in place were providing the service agreed. The manager had calendar reminders for servicing or maintenance that was required, and they were also reminded by the companies providing 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Staff had good awareness of risks and were proactive in managing any potential issues that could become obstacles to efficient service delivery. The service had a detailed risk register, which took account of potential risks when planning services such as disruption to staffing and possible effects of transport strikes for example. However, there was no risk owner and date of completion of any mitigation actions recorded on the document.

The service had policies that were reflective of the service and type of procedures for patients which were clear and detailed and in line with guidance.

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.

The service developed own information systems and custom process to ensure smooth day to day running of the service. It included appointments booking system, electronic patients record system, and electronic audit tools that supported quality monitoring.

Engagement

Leaders and staff engaged with patients to plan and manage services. They collaborated with partner organisations and other professionalism that were experts in the field of sexual health to help improve services for patients.

The service had a secure communications application which all staff were engaged with and used daily to ensure they were well informed about the clinic. The service also sent out weekly updates with key information for staff.

Staff actively encouraged patients to provide feedback and used it to improve services.

The provider's website offered a lot of information about the treatment and services that were provided. There was also a learning platform called 'Clarewell Academy' for medical professionals. The manager had recorded some webinars on different conditions and wanted to create a community to better the understanding of problems affecting the sexual and reproductive health system. The forum contained feedback from doctors who had watched the learning materials and included very positive comments.

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 service development.






Outpatients

The service provided patients with valuable online resources to keep them informed and make positive choices about their lives. The service actively shared information with public and other clinicians, through online channels and local media, with an aim to promote health lifestyles and increase sexual health awareness. It included posting videos online about benefits of smear testing or treatment options available when dealing with sexually transmitted infections (STI).

The service contributed to innovation and improvement in sexual reproductive health. Doctors proactively shared their findings with external organisations and public bodies as well as with their colleagues to inform national sexual health policy and potential new treatments. The service organised online webinars accessed by other clinicians where they shared gained knowledge, discussed unusual and complex cases, and campaigned to increase availability of STI testing.

Consultants presented their findings and shared clinical outcome data at professional conferences, for example the Joint Conference of The British HIV Association & British Association for Sexual Health & HIV. They contributed towards developing new treatment methods, for example treatment of the resistant *Trichomonas vaginalis* (TV).

Termination of pregnancy

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

Is the service safe?

Good 

It is the first time we rate this domain. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. It included training in key areas such as health and safety, how to respond to an emergency such as fire, and equality and diversity amongst others.

The mandatory training was comprehensive and met the needs of women and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received safeguarding training up to level 3 (adults and children) specific to their role on how to recognise and report abuse. The training provided included a module specific to female genital mutilation (FGM) that raised staff awareness of the issue and equipped them with knowledge on how to support women affected (FGM; involves the partial or total removal of external female genitalia or other injuries to the female genital organs).

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff ensured that women were not accompanied by a person that had attended the clinic with them during their initial face-to-face consultation to ensure they could freely talk and express any concerns they had. Staff identified the need for chaperones and proactively offered these to women and where they identified vulnerabilities or safeguarding concerns, ensured a chaperone was always available.

Termination of pregnancy

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves, and others from infection. They kept equipment and the premises visibly clean.

Clinic areas were visibly 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.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff received training in infection prevention and control.

Staff cleaned equipment after patient contact and kept a record of the cleaning activity taking place. Staff cleaned their clinical space before and after each list.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment as appropriate. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of women. The service undertook environmental risk assessments, such as those related to water safety or fire safety, to ensure staff and visitors were protected from harm.

The service had enough suitable equipment to help them safely care for women. Portable electrical appliances were tested to check if they were safe to use.

Staff disposed of clinical waste safely. Staff followed Control of Substances Hazardous to Health (COSHH) Regulations. They stored chemicals securely and maintained up-to-date safety information on each item.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of complications.

The service had protocols that guided staff in supporting women who experienced unforeseen complications and for potential cases when women need to be referred outside of the clinic because of an emergency. The service had a policy for patients undergoing a termination of pregnancy (ToP). This included information about the pathway for the emergency transfer of patients. If a patient became acutely unwell whilst on site; they would call the emergency services and transfer the patient to an NHS facility.

The service had an exclusion criteria for women who could not undergo a termination at the clinic. This included patients under the age of 18, gestation of 10 weeks or greater, underlying medical problems and patients considered to be at higher risk of complications after a medical assessment; these patients would be signposted to larger centres for appropriate provision of care. Each patient was risk assessed and scanned prior to their termination to ensure they were under 9 weeks and 6 days gestation. These procedures were all performed by a consultant who practiced full time within the NHS.

Appropriate emergency equipment was readily available in the clinics where patients were seen. This included equipment such as resuscitation equipment and emergency oxygen. The clinic had defibrillator, oxygen, anaphylaxis kits, and airway management equipment. All staff were trained in life support and resuscitation to a level appropriate to their role, including training in basic life support or intermediate life support. Staff knew how to recognise and respond

Termination of pregnancy

to a sepsis infection and clinical protocols included information related to sepsis recognition and response. All women when they attended for surgery had their observations taken. This included blood pressure, heart rate and oxygen levels. All surgery was performed under local anaesthetic without sedation. Observations were taken post-surgery and women were discharged when they were clinically well.

The ToP policy stated that the decision to transfer a patient was based on a simple and rapid assessment of the patient using national early warning scores (NEWS2). However, the service did provide evidence that NEWS2 scoring was routinely used. The provider told us that the NEWS2 records were not available at the clinic as they were given to a woman on their discharge. Similarly, the provider told us they had completed a World Health Organisation (WHO) checklist for ToP surgery, however, for the same reason they could not provide evidence to demonstrate this was the case. The service was not using the WHO checklist or an equivalent record to prevent errors being made prior or during vasectomy procedures.

Patients who underwent a vasectomy were given a QR code which gave them information about post operative care. They were given the details of how to send a semen sample and when to do this; this was sent directly to the laboratory. All patients received a call at 2 weeks post-operatively to ensure they were recovering well.

Staff completed risk assessments for each woman during the initial consultation and confirmed the information on the day of the procedure, they used a standardised tool. Staff knew about and dealt with any specific risk issues. Staff carried out a meeting each day to go through the risks for each patient. Women had access to support they could use if they had any questions related to the procedure. When they had undergone a ToP, they were discharged with a phone number where they could access support 24 hours a day 7 days a week.

Staff shared key information to keep women safe when handing over their care to others.

Staffing

The service had enough staff with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment.

The service had enough clinical staff to keep women safe. They employed a doctor who specialised in termination of pregnancy procedures. They worked alongside other clinical staff who specialised in sexual and reproductive health, it included doctors, specialist nurses and healthcare assistants. The managers ensured the consultant had an up-to-date appraisal, training, and indemnity insurance.

The service used only regular permanent staff to ensure service continuity and that all staff felt part of the team. Managers made ensure staff had a full induction and understood the service.

Records

Staff kept detailed records of women's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Women's notes were comprehensive, and all staff could access them easily according to their job roles and individual needs. The service used an electronic patient record system. All the termination records contained a Department of Health and Social Care abortion form, signed by two doctors with a valid reason for carrying out the termination, in line with national legislation.

Records were stored securely.

Termination of pregnancy

Medicines

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

Staff reviewed each women's medicines and provided advice to about their medicines. Doctors reviewed patients' current prescription medicines to ensure abortion medicines were safe and minimise the risk of contraindications.

Staff completed medicines records accurately and kept them up to date.

Staff stored and managed all medicines and prescribing documents safely. They monitored the temperature of storage areas to ensure these remained within manufacturer limits. Staff managed documentation and other aspects of the stock in line with national guidance.

Staff followed national practice to check patients received the correct medicines. They learned from safety alerts and incidents to improve practice.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

There were no incidents reported related to the surgical service within the last 12 months. Staff knew what incidents to report and how to report them. They used the provider's electronic incident reporting system for incidents and near misses.

Staff raised concerns and reported incidents and near misses in line with the clinic's policy. All post-procedure complications were reported as an incident for follow-up and review. Managers investigated incidents thoroughly. They debriefed and supported staff after any serious incident.

Staff understood the duty of candour. They were open and transparent and gave women a full explanation if and when things went wrong.

Is the service effective?

Good 

It is the first time we rate this domain. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Care and treatment were based on best practice guidance from relevant organisations such as the Royal College of Obstetricians and Gynaecologists and the National Institute for Health and Care Excellence (NICE). It meant that patients received effective and consistent care.

The addition of the termination of pregnancies service was new for the provider and at the time of the inspection the provider told us they had performed around 10 procedures, since they had initiated the service. They were still in the

Termination of pregnancy

process of reviewing protocols with a view to provide best quality care and to ensure they fully understand characteristics of the service provision before fully advertising their offer. The provider planned for a full service review to take place in 2023, which would include revision of all internal clinical guidance, protocols, and policies related to the service.

When discussing individual patients, staff routinely referred to the psychological and emotional needs of women and their relatives. Women were advised on how to access care and support after the termination in line with abortion care guidance.

Staff provided access to women's preferred method of contraception at the time of their abortion, or soon after, to reduce the risk of future unintended pregnancies and abortions.

The service completed the notifications required for patients who had undergone a ToP in line with the legal and national guidelines. These included the HSA1: grounds for carrying out an abortion form and HSA4: abortion notification; we saw these were completed within the 14-day timeframe post ToP procedure. There was a policy for certification under the Abortion Act 1967 which detailed the completion, retention, submission, and processing of the HSA1 and HSA4 forms. It was detailed and in line with legal requirements.

Pain relief

Staff monitored women to see if they experienced discomfort. They advised on pain relief as appropriate.

Staff provided advice on pain management during the consultation and over the telephone should women experience discomfort after the procedure.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The service monitored women that experienced unforeseen outcomes and any complications after the termination of pregnancy procedure. They reviewed if outcomes for women were positive and consistent. Managers and staff used the information related to improving women's outcomes, they proactively reached out to patients when they had no information related to treatment outcomes. The provider told us the ToP service was not being marketed on their website at the time of the inspection, they intended to collect evidence including failure rates and audit the process once they had undertaken more procedures.

Staff reviewed the gestational impact of pregnancies when planning care. They prioritised patients who presented ahead of nine weeks and six days to prevent unnecessary surgical terminations.

The manager told us they had a low risk of readmission and post-procedure complications. They collected suitable data related to treatment.

Managers and staff investigated any cases where outcomes were not as expected and implemented local changes to improve care and monitored the improvement over time.

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.

Termination of pregnancy

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of women.

Managers gave all new staff a full induction tailored to their role before they started work.

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

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

The service used a competency framework to support new staff with clinical skills development, it was focused on performing individual clinical tasks.

Multidisciplinary working

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

Staff held regular and effective meetings to discuss patients and improve their care, those meetings involved all health professionals working at the service. Doctors maintained professional links with doctors practicing in NHS services, they used those to obtain advice on clinical care decisions or consult in situations where they felt specific expertise was needed,

Staff worked across healthcare disciplines and with other agencies when required to care for patients.

Seven-day services

Key services were available seven days a week to support timely care.

Women were reviewed by doctors depending on their care needs, women had access to over the telephone support. Staff were able to offer appointments at short notice, frequently on the same day if it involved sexual health or contraception advice.

Whenever required, staff could call for support from doctors and other disciplines, including psychological support and diagnostic tests.

Health Promotion

Staff gave women practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support. The service provided sexual health promotion resources and information to patients and their partners. This included access to contraception and information on sexually transmitted infections.

The service offered sexual health and contraception advice and support, they also offer sexual health tests and treatment when required.

Termination of pregnancy

Consent, Mental Capacity Act and Deprivation of Liberty safeguards

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

Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. They gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure women consented to treatment based on all the information available. Staff recorded consent in the woman's records. The service completed an audit of the consent records for vasectomy procedure and found that this was completed 100% of the time.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Is the service caring?

Good 

It is the first time we rate this domain. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for women. Feedback provided by patients indicated staff took time to interact with women and those close to them in a respectful and considerate way.

Staff kept women's care and treatment confidential, they followed protocols and policies that guarded patient confidentiality. All women were offered a chaperone for their procedure; all staff had completed chaperone training. There was a poster displayed in the waiting area informing women that they could request for chaperone to be always present.

Staff understood and respected the individual needs of each woman and showed understanding and a non-judgmental attitude when caring for or discussing women's mental health needs.

Staff understood and respected the personal, cultural, social, and religious needs of women and how they may relate to care needs. They focused on building open and honest relationships with patients and their loved ones.

Patients' comments about the care and treatment received were very positive. One person said staff helped them to "reassure of the concerns they had and put them at ease immediately", another person commented that it was an "absolutely brilliant service [and] very professional". Comments also referred to positive interactions, kind and caring staff attitudes, and efficiency of the service.

Termination of pregnancy

Emotional support

Staff provided emotional support to women, families, and carers to minimise their distress. They understood women's personal, cultural, and religious needs.

Staff gave women and those close to them help, emotional support and advice when they needed it. They supported women who became distressed and helped them maintain their privacy and dignity.

Patients made positive comments about their experiences. Staff understood the emotional and social impact that a person's care, treatment, or condition had on their well-being and on those close to them.

Understanding and involvement of women and those close to them

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

Staff made sure women and those close to them understood their care and treatment. Staff explained what to do if anything unexpected happened and ensured patients knew who to contact out of hours. They supported women to make informed decisions about their care.

Women could give feedback on the service and their treatment and staff supported them to do this. They gave positive feedback about the service. The provider monitored the feedback provided and the local team discussed actions that could be taken in response during team meetings.

Is the service responsive?

Good 

It is the first time we rate this domain. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. Facilities and premises were appropriate for the services being delivered.

Women could access support 7 days a week. Managers monitored and took action to minimise missed appointments. Managers ensured that women who did not attend appointments were contacted to find out if there were any obstacles to accessing the service, which they could support them with.

Meeting people's individual needs

The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services.

Termination of pregnancy

Staff made sure women received the necessary care to meet all their needs. The clinic was designed to meet the needs of patients. The service minimised the number of times women needed to attend by ensuring they had access to the required staff, scans, and tests on one occasion. Staff provided services that were flexible and promoted informed choice and continuity of care.

The provider used the appointment booking process to identify individual needs, any adjustments that were required, and to bring it to the attention of the local clinic staff. For example, they noted if a patient had a safeguarding, language, or access need.

All patients were given post operative information leaflets digitally. These included sex after a vasectomy, aftercare, and post-vasectomy pain syndrome.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge women were monitored and staff were able to offer appointments without delays.

Managers monitored waiting times and made sure women could access services when needed and received treatment within agreed timeframes. Staff worked to make sure women did not wait longer than they needed to, they aimed to offer an appointment within a few days from the initial contact.

Managers worked to keep the number of cancelled appointments to a minimum. The service monitored did not attend rates, uptake of sexually transmitted infections testing, and oral and long-acting reversible contraception acceptance.

Staff acted to protect patients at risk of undiagnosed infections by providing screening and treatment. Where patients needed a service, the provider could not offer, staff used local partnerships to arrange these.

Staff ensured women had not had their appointments cancelled at the last minute, there were systems to make sure appointments were rearranged as soon as possible and within the national guidance.

The service referred women out only when there was a clear medical reason or in their best interest.

Learning from complaints and concerns

It was easy for people to give feedback and raise care concerns. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Women, relatives, and carers knew how to complain or raise concerns; the service provided information about how to raise a concern. Staff understood the policy on complaints and knew how to handle them.

Managers resolved most complaints informally aiming to meet patients' expectations and prevent any dissatisfaction. They worked to identified themes in patients' feedback to prevent any potential discontent. They shared information related to patients' feedback across provider's services to facilitate learning and to ensure improvements were achieved across all services managed by the provider.

Staff could give examples of how they used women's feedback to improve daily practice.

Termination of pregnancy

Is the service well-led?

Good 

It is the first time we rate this domain. We rated it as good.

Leadership

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

Please see this section within the outpatients report for details of findings.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision and strategy were aligned with local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Please see this section within the outpatients report for details of findings.

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.

Please see this section within the outpatients report for details of findings.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had processes in place to ensure compliance with the Abortion Act 1967. This included documentation of a doctor-approved reason for abortion using the mandated HSA1 form. The UK government requires providers to report each instance of abortion to the Department of Health and Social Care within 14 days using the HSA4 form, this requirement was met by the service.

Please see this section within the outpatients report for details of findings.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively.

Please see this section within the outpatients report for details of findings.

Termination of pregnancy

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, and make decisions and improvements.

The service submitted data to the Department of Health and Social Care regarding abortion procedures in line with national requirements.

Please see this section within the outpatients report for details of findings.

Engagement

Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services.

Please see this section within the outpatients report for details of findings.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of the need for continuous quality monitoring and improvement.

Please see this section within the outpatients report for details of findings.